

2010 – 2011

Holy Spirit SCRIP Family Sign-Up Form

Last Name _____

Address _____

Home Phone _____

Mother

Father

Parent's Name _____

Work Phone _____

Cell Phone _____

Email _____

Student Information

Name

Grade

Teacher

Please designate where you would like your SCRIP to go:

_____ PTO Technology Fund

_____ PTO Playground Fund

Notice: All SCRIP correspondence and orders will be sent home with the **DESIGNATED** child unless arrangements are made to have the order picked up at the school office.

Check Policy: There is a \$25 fee for all returned checks. If a check is returned, you will be notified and restitution must be made before anymore checks will be accepted.

Release Form:

____ I DO ____ I DO NOT (Check one) hereby grant permission for my child to deliver payment for purchase and/or pickup SCRIP from school and bring them home. I agree and understand that Holy Spirit will not be held accountable for any lost or stolen SCRIP occurring during the transportation of SCRIP from school to home. I also agree that if there is an error in the amount received, I must contact a SCRIP volunteer **IMMEDIATELY** for an exchange to be made. All family profit will be returned to you in tuition credit, regardless of the amount. I agree to abide by the rules of the SCRIP program, which may be changed during the course of the year.

Signed _____

Date: _____