

Tuition Reduction Incentive Program
St. Paul's Lutheran School
School Year 2005-06

Please sign* and return this form with your first order each year.

1. Must be filled out by all families who participate in TRIP

Family Name _____
LAST FIRST

Address _____

City _____ State _____ Zip _____ Phone (____) _____

2. Choose either A or B.

A. _____ I will pick up my TRIP. certificates.

B. _____ Please send my TRIP. certificates home with my child. **

DISCLAIMER

**

Complete this part if your child is permitted to bring your certificates home. Your child will receive only the certificates you order. *Certificates will only be sent home with your child if this disclaimer section is completed and signed.*
I authorize St. Paul's to release my TRIP. certificates to my child. I will not hold St. Paul's responsible for any lost or misplaced certificates.

Child's name _____ Grade _____

*Parent's Signature _____ Date _____

3. To be completed by Friends of St. Paul's that wish to direct their earnings to:

A. The family of _____

Would you like to keep your donation confidential? Yes _____ No _____

B. Education Fund _____

4. Future Families Only. Complete this section only if you have no children enrolled at St. Paul's K-8

Projected date of enrollment _____

Childs name _____

5. We have read, understand and will abide by the general policies of the TRIP. program.

* Signed _____ Date _____