

Southwest Chicago Christian School
T.R.I.P. REGISTRATION FORM for the 2018-19 School Year

PLEASE READ POLICIES AND PROCEDURES BEFORE COMPLETING THIS FORM

Complete this form and return it along with a check for the \$10 operational fee. DO NOT INCLUDE THIS REGISTRATION FORM OR FEE WITH AN ORDER. Send form and \$10 fee to: T.R.I.P.-S.C.C.S., 17171 S. 84th Ave., Tinley Park, IL 60477

This registration form is for: Family with student(s) enrolled for 2018-19 school year
 Future family. (Anticipate child entering grade _____ in the year _____.)
 Donor Participant

Is this the first time you have enrolled in T.R.I.P.? Yes No

If 'yes' TRIP was recommended to me by: _____

SCCS Tuition/T.R.I.P. Account Number: _____

Last Name: _____ Father: _____ Mother: _____

Address: _____ City: _____ Zip Code: _____

Phone # Daytime: _____ Evening: _____ Cell # _____

Has any of the above information changed since you last registered? Yes No

e-mail address: _____

Is this e-mail address different from last year's registration form? Yes No

Church Name: _____ Name of youngest child: _____ Grade: _____
(for mailing purposes) enrolled at SCCS

Donor Participants **ONLY** complete this section.

Please apply my earnings to the General Tuition Fund (\$10 fee waived)

Please credit my church CEF fund

Please credit the following T.R.I.P. participating family account(s):

Family #1 Name: _____ TRIP Acct. # _____

Family #2 Name: _____ TRIP Acct. # _____

Family #3 Name: _____ TRIP Acct. # _____

Family #4 Name: _____ TRIP Acct. # _____

Apply credit anonymously: Yes No

PICK-UP INFORMATION: I (or my child if disclaimer is signed) will pick up certificates at:

Oak Lawn

Palos Heights

Tinley Park

DISCLAIMER: Complete this section if your child will be permitted to bring your certificates home. CERTIFICATES WILL NOT BE SENT HOME WITH YOUR CHILD IF THE DISCLAIMER IS NOT SIGNED. Authorize **one** name only.

I authorize the release of my T.R.I.P. certificates to my child. I will not hold Southwest Chicago Christian School or T.R.I.P. responsible for any lost or misplaced certificates.

Student's First and Last Name: _____ Grade: _____

Parent's Signature: _____ Date: _____

****I HAVE READ, UNDERSTAND, AND WILL ABIDE TO THE GENERAL POLICIES OF T.R.I.P.****

Signature: _____ Date: _____

For office use only: Check # _____ Date: _____ New Reg. Info. Sent: _____ (Rev. 04/18) WEB