

SCRIP Enrollment Form 2025-2026 School Year

Please sign & return this form.

_____ Phone____

Parent Name

((Last) (First)		
Address			
City	Zip Code		
e-mail address			
Child's name	Grade	Child's name	Grade
	% of my SCRIP purchases to (s	select one):	
The so	chool's general fund		
My fa	mily's tuition account		
Design	nated family's tuition account:	(Family name)	
Permis	ssion for child delivery of Scrip and		
I understand that recertify that I have of further understand rather than having parish/school is not recovery that I may to my child.	Scrip order form that I wish my ormy child will be responsible for the discussed the responsibilities assorted that I have the option of personal my child transport it. I agree that it responsible for any Scrip which by have against the parish/school for SCRIP works and I understand	e safe transport of the Scrip frociated with the transport of the scrip orders once the school delivers the is lost, stolen or Scrip which whi	rom school to my home and the Scrip with my child. It is from the parish/school is Scrip to my child that the I hereby waive any right of or misplaced after it is given
Signature:	ure: Date		