



## AUTHORIZATION FOR CHILDREN TO PICK UP SCRIP

I, \_\_\_\_\_ hereby authorize my child  
\_\_\_\_\_ to get my scrip order at  
Marquette St. \_\_\_\_\_ McDonald St. \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

ST. Francis Xavier Catholic School System, their employees and volunteers operating the Scrip Program will not be liable for any lost or damaged scrip.

**This permission will remain in effect through the 2020/21 academic school year**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date