

Reformed Heritage Christian School

Tuition Reduction Incentive Program Registration Form

1. Registrant Name[s] _____ Spouse _____

Address _____

City _____ State _____ Zip _____

2. Phone Number _____

3. Direct my earnings to: (check one)

My personal family account

<input type="checkbox"/> Family	%	Confidential?	
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_____	_____	yes	no
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_____	_____	yes	no
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_____	_____	yes	no
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School Operating Fund

Building Debt Fund

4. Disclaimer: Complete this section if your gift cards will either be brought home by your child or mailed home.

DISCLAIMER

I (we) authorize the TRIP Committee to release my TRIP gift cards to my child or to mail them if I provide a self-addressed double stamped envelope. I will not hold Reformed Heritage Christian School or the TRIP Committee responsible for any lost or misplaced gift cards as a result of my child's actions or as a result of postal delivery.

Child's Name _____

Parent's Signature _____

Date _____

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

Signature _____ Date _____
