

**Tuition Reduction Incentive Program
Registration Form**

School: _____

1. [] New Registrant (An account # will be sent to you with your first order.)

2. Registrant Name(s): _____
Last First Spouse

Address: _____ Email for TRIP Updates: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

3. Direct my credits to: (check one)

[] My personal tuition account. Student enrolled for this year. Grade/Teacher _____.

[] Donate credit to another family.
Family parents' names: _____
Confidential [] Yes [] No

[] Donate credit to Student Assistance Fund.

[] Prospective Family. Student will be enrolled in school year _____.

4.

DISCLAIMER: If at any time you will not be picking up your certificates from school, please complete the appropriate section(s) below. You may choose one or all of the delivery options below. You will designate a delivery option on each order form you submit.

a. **STUDENT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to **my** student listed below. I (we) will not hold **the participating school** or the T.R.I.P. committee responsible for any lost certificates as a result of my student's actions.

Student's Name: _____ Grade: _____

Parent's Signature: _____ Date: _____

b. **OTHER STUDENT/ADULT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to the **student/adult** listed below. I (we) will not hold **the participating school** responsible for lost or misplaced certificates as a result of this person's actions. A parent of this student has also signed this disclaimer, agreeing that his/her child has his/her permission to take certificates home for the named friend or relative.

Student's Name: _____ Grade: _____

Signature of Registrant: _____ Date: _____

Signature of Student's Parent: _____ Date: _____

I (we) have read the information fully and agree to abide by the policies set up by T.R.I.P.

Signature(s) _____ Date _____