

St. John
T.R.I.P. Program Enrollment Form

PLEASE PRINT THE FOLLOWING INFORMATION:

Full Name of Parent(s) or Contributing Family Home Phone Number

Address City Zip

Student Name (s) Parent E-Mail (to receive T.R.I.P. Info)

I Am The Student's:

_____ Parent/Guardian _____ Contributing Family

All tuition credits accumulated in the program:

_____ should be credited to the account of _____
Student's Name

_____ Future Student

_____ should be given to the St. John Scholarship Fund

_____ should be given to the St. John Assistance Program for general use

_____ should be "banked" for JCMS or Lumen Christi

If a future student later elects not to attend St. John Elementary School, any accrued tuition credits can be given to another family or the general tuition assistance fund. No funds will be returned to individuals who purchase T.R.I.P.

METHOD OF PICK UP:

_____ Only above named parent(s) or guardian(s) may pick up certificates for our family.

_____ I (we) authorize another parent to sign for and pick up certificates. I understand that SJ is not responsible for lost or missing certificates.

_____ I give permission for my child(ren) _____, to pick up our certificates. I understand that SJ waives all responsibility for lost or missing certificates once given to student.

I (we) have read, understand, and will abide by the general policy of the St. John Parish T.R.I.P. Program.

Parent or Guardian Signature

Date