

**Lansing Catholic High School
Tuition Reduction Incentive Program (TRIP or SCRIP)**

Please Fill out and return this form. Please print.

1. Registration Name(s) _____
Full name of parent(s) or participant(s)

Address _____

City _____ ST _____ Zip _____

Phone _____ Work _____

Email address _____

2. Please apply my 80 % credit to (check only one please)

____ My personal family tuition account

____ Tuition account of _____
(family name)

____ School tuition assistance fund (This option is tax deductible)

____ Cash Back

3. Method of pick up: (circle one) Parent pick-up Student pick-up

4. Disclaimer

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Complete this section if you want your student to be able to pick up your certificates.

I authorize Lansing Catholic High School to release my T.R.I.P. certificates to my student. I will not hold Lansing Catholic or the T.R.I.P. Committee volunteers responsible for any lost, stolen or misplaced certificate after they have been released to my student.

Student's name _____ grade _____

Parent's signature _____

Date _____

* * * * * * * * * * * * *

5. I(We) have read and understand and will abide by the policies of the Lansing Catholic T.R.I.P. / SCRIP Program

Participant's signature _____ Date _____