



TRIP - Tuition Reduction Incentive Program Registration Form

Please fill out and return this form to the office. Please print clearly.

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

Address _____

City _____ State _____ 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 gift cards.

I authorize Lansing Catholic High School to release my TRIP/Scrip Gift Cards to my student. I will not hold Lansing Catholic or the TRIP Committee volunteers responsible for any lost, stolen, or misplaced gift cards after they have been released to my student.

Student's name _____ Grade _____

Parent's signature _____ Date _____

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5. I(We) have read and understand and will abide by the policies of the LCHS's TRIP Program

Participant's signature _____ Date _____