

ST. John

T.R.I.P. Enrollment Form

PLEASE PRINT THE FOLLOWING INFORMATION:

Full Name of Parent(s) or Contributing Family

Home Phone Number

Address

City

ZIP

Student Name (s)

E-mail for any TRIP communication

I Am the Student(s) _____(Parent/Guardian) _____ Contributing Family

All Tuition credits accumulated in the program:

_____ should be credited to the account of _____ (Students Name(s))

_____ should be given to St. John's Scholarship Fund

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

_____ should be "banked" for Lumen Christi

Method of Pick Up:

_____ only above names parent(s) or guardian(s) may pick up in the office

_____ I (we) authorize another parent to pick up in the office. I understand that SJ is not responsible for loss of gift cards once released.

_____ I give permission for my child(ren) _____, to pick up gift cards. These will be placed in the backpacks. I understand that SJ is not responsible for loss of gift cards once released.

I have read, understand, and will abide by the general policy of the ST. John T.R.I.P. program.

Signature

Date