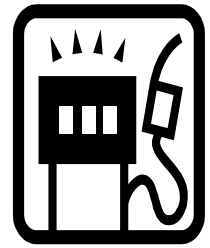




T. R. I. P.



Tuition Reduction Incentive Program

Name: _____ Family #: _____

Effective Date: _____

Please complete this form and submit to the school office when revising how you are to receive your T.R.I.P. order.

1. Choose one of the following methods to obtain your T.R.I.P. order if submitting your order to the school office by Wednesday A.M.

[] **Held in School Office** (Orders received in the school office by Wednesday a.m. will be held in the office for pick-up anytime after 12:00 noon on Thursday or thereafter during school hours)

[] **Sent Home with Student** (Order received in office by Wednesday a.m. will be sent home with designated student on Thursday.)
You must complete the Disclaimer in # 2 below.

2. Only complete this section if TRIP orders are being sent home with Student. TRIP orders will not be sent home with the student unless this section is complete.

DISCLAIMER

I AUTHORIZE THE RELEASE OF MY T.R.I.P. GIFT CARDS / CERTIFICATES TO THE STUDENT INDICATED BELOW. I WILL NOT HOLD CHATHAM CHRISTIAN SCHOOLS RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES ONCE IN THE POSSESSION OF THE NAMED STUDENT(S) BELOW. THE STUDENT WILL BE REQUIRED TO SIGN FOR THE ORDER WHEN RECEIVED.

STUDENT NAME: _____ **GRADE** _____

TEACHER _____ (fill in if elementary school)

Date: _____ **Signature:** _____

THANK YOU FOR SUPPORTING T.R.I.P.