2006-2007 Tuition Reduction Incentive Program
St. Joseph Catholic School- Mantua
Registration / Re-Registration Form

1. [ ] New Registrant (An account # will be sent to you on your first order form.)

   [ ] Re-registrant (Required only if address, or distribution information changes.)

2. Registrant Name(s): _____
   Last First Spouse

   Address: _____ Email:_____

   City: _____ State: _____ Zip: _____ Phone: (____)_____

3. Direct my credits to: (check one)

   [ ] My personal tuition account. Student enrolled for this year. Grade _____.

   [ ] Donate credit to another family.
   Family parents' names: _____
   Confidential [ ] Yes [ ] No

   [ ] Donate credit to SJS Student Assistance Fund.

   [ ] Prospective parent account. Student will be enrolled in school year _____.

4.

DISCLAIMER: If at any time you will <u>not</u> be picking up your certificates from school, please complete the appropriate section(s) below. You may choose one or all of the delivery options below. You will designate a delivery option on each order form you submit.

a. **STUDENT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to my student listed below. I (we) will not hold St. Joseph Catholic School or the T.R.I.P. committee responsible for any lost certificates as a result of my student's actions.

   Student's Name: _____

   Parent's Signature: _____ Date: _____

b. **OTHER STUDENT/ADULT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to the student/adult listed below. I (we) will not hold St. Joseph Catholic School responsible for lost or misplaced certificates as a result of this person's actions. If a student is listed, a parent of this student has also signed this disclaimer, agreeing that his/her child has his/her permission to take certificates home for the named friend or relative.

   Student/Adult Name:

   _____

   Signature of Registrant: _____ Date: _____

   Signature of Student's Parent: _____ Date: _____

I (we) have read the information fully and agree to abide by the policies set up by T.R.I.P.

Signature(s) _____ Date _____