SPS SCRIP PROGRAM

School Year 2009-2010
Tuition Credit for 2010-2011

Name: _____

Address: _____

City: _____ State:_____ Zip: _____

Phone: _____

For the 2009-2010 school year, I/we will have children attending:

_____St. Paul _____St. Thomas Aquinas _____Central Catholic

DISCLAIMER OF RESPONSIBILITY:

Complete this section if your child is permitted to bring your gift certificates home. Your child will receive only the envelope of certificates ordered under your family name and number. Certificates will not be sent home with your child unless this form is completed and on file. You will have a weekly choice of how you want to pick up your certificates. If you think you want them sent home even once, please complete this form.

I AUTHORIZE SPS SCRIP PROGRAM AND/OR ST. PAUL SCHOOL TO RELEASE MY SPS SCRIP PROGRAM GIFT CERTIFICATES TO MY CHILD. I WILL NOT HOLD SPS SCRIP PROGRAM AND/OR ST. PAUL SCHOOL RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

_____ _____ _____
Name of Child Grade Teacher

_____ ____/___/_____
Signature Date

I have read, understand and will abide by the policies of the SPS Scrip Program.

_____ ____/___/_____
Signature Date