

DEMOTTE CHRISTIAN SCHOOLS, Inc.
SCRIP REGISTRATION FORM

(Please fill out with your first SCRIP order each new school year)

LAST NAME _____ NAME (parent) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

**Providing your email address implies that you consent to receive SCRIP updates, delays, arrivals, bonuses, etc.

I wish my credits to go toward:

() My family tuition (student names) _____

() Family/Families of _____

() Future Family Account: Child's Name _____
Projected enrollment year _____

() Other fund(s) _____

***Your money can be split between more than one fund; however, your designation cannot be changed until the next year.

We have read, understand, and will abide by the policies of the SCRIP program.

Signature _____ Date ____/____/____

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DISCLAIMER: Please complete this section if your child is permitted to bring certificates home. Your child will receive only the envelope of certificates ordered under your Family Name. Certificates will not be sent home with your child if you do not include this signed disclaimer with your first order.

I AUTHORIZE DeMotte Christian Schools, Inc. TO RELEASE MY SCRIP CERTIFICATES TO MY CHILD. I WILL NOT HOLD DeMotte Christian Schools, Inc. RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's Name _____ Grade/Teacher _____

Parent's Signature _____ Date ____/____/____