

**JPII Catholic Schools
TRIP (Tuition Reduction Incentive Program)
Registration Form**

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

Parish _____ I will pick up my TRIP orders at the following school _____

Referred by: _____

Assign my tuition credit to:

_____ My Family's Tuition Account

_____ JPII Catholic Schools Tuition Assistance Fund / Parish: _____

_____ Other JPII Catholic Schools Family
(Name) _____

(Address) _____

Is this family current _____ or future _____ (If future-approx Yr of Enrollment _____)

Please keep this donation confidential _____ Yes _____ No

Complete this part if your child is permitted to bring your 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 sign this disclaimer.

I authorize the JPII Catholic Schools to release my TRIP gift certificates to my child. I will not hold the JPII Catholic Schools responsible for any lost or misplaced certificates provided to my child.

Student's Name _____ School _____

_____ Grade _____

Parent signature

Date

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

Signature

Date