Enrollment Form
Tuition Reduction Incentive Program
St. Joseph School

PLEASE PRINT THE FOLLOWING INFORMATION: ACCOUNT #_____

_____ / _____

Full name of parent(s) or guardian(s) Daytime Phone Home Phone

_____

Address City State Zip

All Credits accumulated in the program should be credited to:

_____My tuition account _____St. Joseph School general fund

Or

_____General tuition assistance for the benefit of a needy student

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METHOD OF PICK UP (Check either or both)

_____The above named persons only may pick up certificates.

_____I authorize another St. Joseph parent to sign for and pick up my certificates. I understand that St. Joseph School is in no way responsible for missing or lost certificates.

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PLEASE NOTE: Although students may bring in orders to school absolutely no Certificates will be sent home with a St. Joseph Student.

I (we) have read, understand, and will abide by the general policies of the T.R.I.P Program.

Signature_____ Date_____