



T.R.I.P.

Tuition Reduction Incentive Program

Registration Form

1. **DATE:** _____

NAME: _____
Last First

ADDRESS: _____
Street City ON Prov. Postal Code

_____ Home Phone # _____ Email

2. Please keep 100% of the earnings on my purchases, with the CCS Technology Operating Fund:
_____ Yes (proceed to # 4) _____ No (proceed to # 3)

3. 40% of the earnings on the Gift Cards you purchase can be designated to your tuition or a specific fund of your choice. Please choose **ONE** of the following funds:

Your Family: Tuition Reduction Credit for the next school year.

Your Family: Future Enrollment Tuition Plan

Projected date of enrollment _____

If already enrolled, earnings can still be held over the years until you decide to use them.

Other Family: Tuition Reduction Credit for the next school year.

Please specify the Other Family's Name: _____

Would you like to keep your donation anonymous? Yes No

TAF: Tuition Assistance Fund

Your Family: Use Earnings to purchase gift cards

A voucher will be issued annually in May

Highschool Grade 12 Trip :

Student name _____ Year graduating from Gr. 12 _____

4. Choose one of the following methods to obtain your T.R.I.P. order if submitting your order by 9:00 a.m. on Wednesdays.

Held in School Office (Orders received in the school office by 9:00 a.m. on Wednesday will be held in the office for pick-up any time after 12:00 noon on Thursday or thereafter during school hours)

Sent Home with Student (Order received in office by 9:00 a.m. on Wednesday will be sent home with designated student on Thursday.)

You must complete the Disclaimer in # 6

- 5. **Instant T.R.I.P.:** T.R.I.P. is open every Thursday (except statutory holidays) in the school kitchen from 3:00 – 4:30 p.m. There are additional times during the year at various school events (i.e. bazaar) Here you can place an order and instantly receive your gift cards.
- 6. Only complete this section if TRIP orders are being sent home with Student.

DISCLAIMER
I AUTHORIZE THE RELEASE OF MY T.R.I.P. GIFT CARDS / CERTIFICATES TO THE STUDENT INDICATED BELOW. I WILL NOT HOLD CHATHAM CHRISTIAN SCHOOL RESPONSIBLE FOR ANY LOST OR MISPLACED GIFT CARDS / CERTIFICATES ONCE IN THE POSSESSION OF THE NAMED STUDENT(S) BELOW. THE STUDENT WILL BE REQUIRED TO SIGN FOR THE ORDER WHEN RECEIVED.
STUDENT NAME: _____ GRADE _____ TEACHER _____
ALTERNATIVE IF STUDENT ABSENT: NAME: _____ GRADE _____ TEACHER _____
Signature: _____

For Office Use Only:	Family # _____
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