SUSSEX CHRISTIAN SCHOOL

Train up a child in the way he should go; and when he is old, he will not depart from it.
Proverbs 22:6

T.R.I.P. ACCOUNT REGISTRATION FORM

Tuition Reduction Incentive Program

Name:_____ Phone #:_____

Address:_____

City:_____ State:_____ Zip:_____

1. I am a: ☐ Current Family ☐ Future Family ☐ Donor
2. Tuition Credits are to be applied to: ☐ Above listed family ☐ SCS General Fund
   ☐ Tuition Assistance Fund ☐ Other family/families:

   Name:_____ TRIP Account #:_____

   Name:_____ TRIP Account #:_____

   Name:_____ TRIP Account #:_____
3. Would you like to keep your donation confidential? ☐ Yes ☐ No
4. Would you like your order(s) sent home with your child? ☐ Yes ☐ No

   Child's Name:_____ Teacher:_____

- You will be assigned a TRIP account number. Family and friends may help you earn credits by ordering through you. All certificates must be in ONE envelope. We can accept only one envelope per TRIP number each week. As an alternative, friends and family may sign up for their own account number and donate their credits towards your tuition.
- You can enclose cash and/or checks. If you are enclosing other checks in addition to your own, please be sure to write your TRIP account number on all checks to ensure accurate crediting. All checks should be made payable to SCS-TRIP.
- Returned checks will incur a $15 fee payable to SCS-TRIP. No checks will be accepted after 3 returned checks have been tendered on your TRIP account.
- Certificates can be picked up at school or sent home with your child. Your written instructions on the TRIP envelope serve as a disclaimer of responsibility. You will be authorizing SCS to release your TRIP certificates to the person indicated and will not hold SCS responsible for lost or misplaced certificates.
- If during the course of the school year you are no longer a tuition-paying parent, you can direct your accumulated TRIP credits to another family. Please send a note indicating which family your credits are to be applied to. If we do not receive a note, TRIP credits will be applied to the SCS General Fund.

I/We have read, understand, and will abide by the above listed TRIP policies.

Signature:_____ Date:_____

Signature:_____ Date:_____