2009-2010
RCLS SCRIP Registration Form

Account # _____
Office use only

Family Name _____
LAST FIRST (HUSBAND AND WIFE)

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail: _____

Assign my credit to:

_____% My family tuition

_____% Family of _____ Account # _____
Office use only

_____% RCLS General fund

_____% RCLS Activity/Program: _____

_____% RCLS Tuition Assistant

_____% Association Church: _____

_____% Total should equal 100%

Please keep this 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 number. Certificates will not be sent home with your child if you do no sign this disclaimer.

I authorize the Rochester Central Lutheran School to release my SCRIP gift certificates to my child. I will not hold Rochester Central Lutheran School responsible for any lost or misplaced certificate.

Student's Name _____ Grade/Teacher _____

_____
Parents signature Date

Complete this part if your first child is not yet enrolled in the Rochester Catholic School system.

Projected date of enrollment: _____ Child's Name _____