

POWERS CATHOLIC HIGH SCHOOL **SCRIP PROGRAM ENROLLMENT FORM**

PLEASE PRINT THE FOLLOWING INFORMATION:

_____ **Full Name of Parent(s) or Contributing Family**

_____ **Home Phone Number**

_____ **Mother's Alternative Phone Number**

_____ **Father's Alternative Phone Number**

_____ **Address**

_____ **City**

_____ **Zip**

_____ **Student Name(s)**

_____ **Parent E-Mail Address (to receive SCRIP Info.)**

I Am The Student's:

_____ **Parent/Guardian**

_____ **Contributing Family**

All tuition credits accumulated in the program:

_____ should be credited to the account of _____

_____ **Student's Name**

_____ **Student's Grade or Future Student**

_____ should be given to the Powers Tuition Assistance Program for general use.

If a future student later elects not to attend Powers, any accrued tuition credits would go into the general tuition assistance fund. No funds will be returned to individuals who purchase SCRIP.

METHOD OF PICK UP:

Enrolled families may pick up certificates after 12:00 noon on Friday in the Business Office.

_____ Only above named parent(s) or guardian(s) may pick up certificates for our family.

_____ I (we) authorize another parent to sign for and pick up our certificates. I understand that PCHS is not responsible for lost or missing certificates.

_____ I give permission for my child(ren), _____, to pick up our certificates. I understand that PCHS waives all responsibility for lost or missing certificates once given to student. Student identification will be required for pick up.

I (we) have read, understand, and will abide by the general policy of the Powers Catholic High School Shopping Certificate Program.

_____ **Parent or Guardian Signature**

_____ **Date**