

Sacred Heart Academy Scrip Program Enrollment Form

Please fill out and return this form to one of the school offices or the administration office next to Sacred Heart church. Please print.

1. Registrant Name (s) _____

Address _____

City _____ State _____ Zip _____

2. Please apply my credit to:

_____ SHA Personal Tuition

_____ SHA Scholarship Fund

_____ SHA Tuition Account of _____
First Name Last Name

_____ Sacred Heart Parish

_____ Sacred Heart Religious Education

3. Method of pick-up

_____ Parent pick-up

_____ Student pick-up

Complete this section if you may want your certificates/cards brought home by your student.

.....
I authorize the Scrip committee to release my Scrip certificates/cards to my student to take home. I will not hold Sacred Heart Academy or the Scrip Committee responsible for any lost, stolen or misplaced certificates/cards as a result of my student's actions.

Student's Name _____ Grade _____

Parent's Signature _____ Date _____

I (we) agree to abide by the policies and procedures set forth for the Sacred Heart Scrip Program.

.....
Participant's Signature _____