

**TUITION REDUCTION INCENTIVE PROGRAM
CORPUS CHRISTI CATHOLIC SCHOOL**

REGISTRATION FORM

PLEASE SIGN AND RETURN THIS FORM TO SCHOOL OFFICE

PLEASE PRINT

1. FAMILY NAME: _____
Full names of parent(s) or participants

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ E-MAIL _____

2. Direct all TRIP credits to:
- | | |
|---|----------------------------------|
| _____ Annual tuition account | _____ My F.A.C.T.S. Account |
| _____ Preschool Tuition | _____ General Tuition Assistance |
| _____ Catholic Central/West | |
| _____ Future Family (Family Name _____) | |
| _____ Family of _____ | |

3. Certificates will be ordered and picked up at Corpus Christi Catholic School.

Method of pick-up will be: Circle one

Parent pick-up

Student take home

4. **DISCLAIMER: Complete this section if you want your certificates brought home by your child.**

I (We) authorize the T.R.I.P. Committee to release my T.R.I.P. certificates to my child to take home. I (We) will not hold Corpus Christi Catholic School or the T.R.I.P. Committee responsible for any lost, stolen, or misplaced certificates as a result of my child's actions

Student's Name _____

(Designate one student only)

Parent's Signature _____ Date _____

5. I (We) have read, understand, and will abide by the general policies of the T.R.I.P. program. If I have any changes to this form, I am required to complete a new registration form.

Signature _____ Date _____

** A one-time registration fee of \$10.00 is required for any family joining the TRIP program for the first time. Please make checks payable to Corpus Christi Catholic School T.R.I.P. or C.C.C.S. T.R.I.P.