



# ST. JOSEPH'S SCHOOL

## JPII Catholic Schools in partnership with St. Joseph's School T.R.I.P. (Tuition Reduction Incentive Program) Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Assign my tuition credit to:

\_\_\_\_\_ My family's St. Joseph's School Tuition Account

\_\_\_\_\_ St. Joseph's School

\_\_\_\_\_ Other St. Joseph's School Family Tuition Account  
(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

Is this family current \_\_\_\_\_ or future \_\_\_\_\_ (If future-approx Yr of Enrollment \_\_\_\_\_)

Please keep this donation 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 name.  
Certificates will not be sent home with your child if you do not sign this disclaimer.

I authorize the St. Joseph's School to release my T.R.I.P. gift certificates to my child. I will not hold the St. Joseph's School responsible for any lost or misplaced certificates provided to my child.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
**We have read, understand, and will abide by the general policies of the T.R.I.P. program.**

Signature \_\_\_\_\_

Date \_\_\_\_\_