

# ENROLLMENT FORM

## Tuition Reduction Incentive Program

### St. Francis de Sales

Please print the following information:

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(Your Full Name) \_\_\_\_\_ (e-mail address) \_\_\_\_\_

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(Home Phone) \_\_\_\_\_ (Work phone) \_\_\_\_\_ (Cell phone) \_\_\_\_\_

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(Your Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**All credits accumulated in the program should be credited to: (check all that apply; if more than one, please note percentage that should be credited to each area)**

- | ( % ) |   | <i>CHILD(REN)'S NAME(S)</i> |
|-------|---|-----------------------------|
| _____ | To St. Francis School tuition account       | _____                       |
| _____ | To Blessed Sacrament School tuition account | _____                       |
| _____ | To Newark Catholic High tuition account     | _____                       |
| _____ | To St. Francis "the Loop" tuition           | _____                       |
| _____ | To St. Francis preschool tuition account    | _____                       |
| _____ | To Parish Charities                         | _____                       |

\_\_\_\_\_ **Mark here if you are donating profits. If you are donating your profits, please give the "Family Name" of the above child(ren) here:**

\_\_\_\_\_ (example: Michael & Susan Smith)

**Method of Pick-up (check one)**

\_\_\_\_\_ Only those above named persons may pick up certificates

\_\_\_\_\_ I authorize \_\_\_\_\_ (please print names)

to sign for and pick up my certificates. I understand that  
**St. Francis de Sales is not responsible for lost or missing certificates.**

\_\_\_\_\_ **I would like to volunteer my time to help with the TRIP Program:**  
(please check if interested and/or fill out a TRIP Volunteer form)

Please Note: Although students may bring orders to school,  
**ABSOLUTLY NO certificates will be sent home with students.**

I (we) have read, understand, and will abide by the general policies of the TRIP Program

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(Signature ) \_\_\_\_\_ (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_