

ENROLLMENT FORM

Tuition Reduction Incentive Program

St. Francis de Sales

Please print the following information:

(Your Full Name) _____ (e-mail address) _____

(Home Phone) _____ (Work phone) _____ (Cell phone) _____

(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 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

(Signature) _____ (Date) _____/_____/_____