

St. Mary of the Immaculate Conception SCRIP Registration and Waiver Form

I wish to participate in the St. Mary Scrip Program. I have read and agree to the Policies and Guidelines set forth.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

I understand that I will earn tuition savings only after I have met the \$1000.00 threshold each year. The year will begin September 19, 2008 and end September 18, 2009. After I have satisfied this condition: (check one of the following three)

_____ I will receive 50% of the profit from my subsequent SCRIP purchases in the form of tuition savings.

I would rather donate my 50% of the profit to the following instead of my family's tuition.

_____ The St. Mary School Tuition Assistance Fund

_____ The St. Mary School Endowment Fund

I have received and read the general policies of the SCRIP Program and will abide by the policies described. If for any reason I leave the school, the accrued savings remain the property of St. Mary's.

Signature

Date

WAIVER OF RESPONSIBILITY

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 return this signed waiver. Please check one:

_____ I authorize scrip coordinators to release my scrip certificates to my child. I will not hold St. Mary's or scrip coordinators responsible for any lost or misplaced certificates. SCRIP certificates have a cash equivalency, and if lost or stolen cannot be replaced, traced or refunded.

_____ I will personally pick up my SCRIP Certificates at the St. Mary Parish Office.

Responsible Student's Full Name _____ Grade _____

Parent Signature _____ Date _____