

# SOUTHWEST CHRISTIAN HIGH SCHOOL



## Tuition Reduction Incentive Program (TRIP) Agreement and Enrollment Form

To participate in the SWCHS TRIP program, please complete this form and **return it to the SWCHS Office** with ATTN: Trip Program on envelope.

### 1. General Information:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email \_\_\_\_\_

Check One:  Current Family  Family or Staff Relative  Friend of SWCHS  Alumni  Faculty/Staff

### 2. I understand that the first 50% of the merchant rebate is directed back to me, the TRIP participant. The remaining 50%, less program expenses, goes to the SW Tuition Assistance Fund to assist other families. Please apply my portion of the rebate as designated below (my percentages add to 100% and refer to my portion of rebate):

\_\_\_\_\_ % as a charitable contribution to SWCHS (tax deductible; acknowledgement will be provided)

\_\_\_\_\_ % as a cash rebate to participant (NOT tax deductible)

\_\_\_\_\_ % credited to the following tuition account(s), allocated among the named student or family accounts in accordance with the corresponding percentages. This can be your or other family accounts. (NOT tax deductible):

_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

### 3. Pick-up Options (Optional – if not completed, pickup assumed to always be done by participant):

Please complete and sign for each option if you might use them during the year when other than above registered adult pickup is used.

**PICK UP BY MY STUDENT:** I authorize the TRIP committee to release my Trip gift cards to the student (s) listed below. I will not hold SWCHS or the TRIP Committee responsible for any lost, stolen or misplaced gift cards as a result of the actions of the following students.

Student Name(s) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PICKUP BY OTHER STUDENTS OR ADULTS:** I authorize the TRIP committee to release my Trip gift cards to the individual(s) listed below. I will not hold SWCHS or the TRIP Committee responsible for any lost, stolen or misplaced gift cards as a result of the actions of the following individual(s).

Name(s) \_\_\_\_\_

Signature of Registrant \_\_\_\_\_ Date \_\_\_\_\_

### 4. I have read, understand and will abide by the general policies of the TRIP Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_