

**SIOUX FALLS CHRISTIAN SCHOOL
Tuition Reduction Incentive Program (TRIP) Registration Form**

Complete and submit this form with your first order.

Name _____
(Last) (First/Spouse)

Address _____

City _____ State _____ Zip _____ Telephone _____

***Optional: E-mail address: _____

I designate my earnings to go to ONE of the following:

- My own family's tuition account at SFCS for the **CURRENT** school year
- The First CRC Christian Education Ministry
- The Shalom CRC Christian Education Ministry
- SFCS General Tuition Assistance Fund for the **CURRENT** school year
- Save for **FUTURE** tuition
- Please donate my TRIP earning to the account of: (You may select one or up to four

Would you like the above information confidential: Yes No

Choose ONE site where you would like to drop off/pick up your certificates:

- Sioux Falls Christian Schools CHARGER Ave. campus
- Sioux Falls Christian Schools ELEMENTARY office
- Shalom Christian Reformed Church (for Shalom CRC members only)
- First Christian Reformed Church (for First CRC members only)

DISCLAIMER: Complete this part if you permit your child to pick up your certificates. (This option is **ONLY** for students at SFCS Charger campus.) Your child will receive only the order under your family number. Your child is not allowed to pick up your certificates if you do not sign this disclaimer.

I AUTHORIZE SIOUX FALLS CHRISTIAN SCHOOLS TRIP TO RELEASE MY TRIP ORDER TO MY CHILD. I WILL NOT HOLD SIOUX FALLS CHRISTIAN SCHOOLS OR THE TRIP OFFICE RESPONSIBLE FOR ANY CERTIFICATES LOST, STOLEN, OR MISPLACED BY MY CHILD.

Child's name (s): _____

DATE _____

Parent's Signature