This form must be on file with the SCRIP Coordinator before you place your first order in order to receive tuition rebate.

Tri-County 2023-2024 Christian School SCRIP Enrollment Form

Last Name	First Name	Address	Phone
		, please complete the following section Email Address	<u> </u>
User Name (First Initial, Last Name, Last 4 digits of phone)		Email Address	
(*	, <u></u>		
Please let us know credited:	how you want your 50%	Scrip rebate for the 2023-24 sch	ool year to be
Our fam	lly's tuition for the 2024-25	5 school year.	
Another family's tuition for the 2024-25 school year.			
Student's Name:			
Apply to	the General Operating Fu	und	
2. Please tell us how	you want to receive your	Scrip orders.	
Hold my	orders in the school office	e, I will pick them up.	
Send my Scrip orders home with Student name and grade.			
that I understand that my st Also, I certify that I have dis student. I agree that once T responsible for any Scrip th	udent will be responsible for cussed the responsibilities a ri-County Christian School at is lost, stolen or misplace	order sent home with my TCCS studenthe safe transport of Scrip from sole associated with the transport of Scrip delivers Scrip to my student that TCdd. I hereby waive any right of recoverst, stolen or misplaced after it is given	nool to my home. p with my TCCS CCS is not very that I may have
to seek such advice from m	y accountant. Further, I ack result of any Scrip rebates t	s not provided any tax advice and he nowledge that no charitable contribe hat I may earn related to the progra	ution tax deduction
Signature		Date	