

Highland Christian School & Sonshine Enrichment Center

Tuition Reduction Incentive Program

Registration Form
School Year 2017-2018

1. **This form MUST be signed and returned with your first order of the school year.**

HCS Record I.D. Number or TRIP # _____ (if you are re-registering)

Name for TRIP Acct. _____ Address _____

City _____ State _____ Zip _____ Phone _____

Cell # _____ E-Mail _____

2. **TRIP earnings intentions: Please check one:**

_____ I have a child enrolled at HCS and/or Sonshine. Please credit my TRIP earnings to my tuition account. I understand that earnings will be applied to my August, November, February and May tuition statements.

_____ I am accumulating my earnings for FUTURE use. I understand that the TRIP Program will hold my earnings until the coordinator is informed that the earnings are to be credited to my tuition account.

_____ I wish to donate my earnings to a HCS/SEC family's tuition account. Their Family Name and HCS Record I.D. Number is: _____.

_____ I wish to donate my earnings to the school fund listed: _____.

3. **Order Pickup: Please check one:**

_____ HOLD in the office _____ Student pick up*

*NOTE: We do not allow Sonshine students to pick up orders. If you would like an HCS student to bring home your order, this disclaimer MUST be filled out and signed or your order will be held in the HCS School office for pickup.

*****STUDENT PICKUP DISCLAIMER*****

By signing this disclaimer, I permit the student named below to bring my certificates home. I understand that my student will only receive the certificates ordered under my family account number. I authorize HCS to release my TRIP certificates to the student named below and I will not hold HCS responsible for lost or misplaced certificates.

Student's Name _____ Grade/Teacher _____

Signature _____ Date _____

*****TRIP PROGRAM AGREEMENT*****

By signing below, I acknowledge that I have read, understand and will abide by the policies of the HCS TRIP Program.

Signature _____ Date _____