

Highland Christian School & Sonshine Enrichment Center

**Tuition Reduction Incentive Program**

Registration Form

School Year 2020-2021

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

HCS Tuition 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 Tuition 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 \_\_\_\_\_