

St. Wendelin Catholic Schools



T.R.I.P.



Tuition Reduction Incentive Program

St. Wendelin Catholic Schools 533 N. Countyline St. Fostoria, OH 44830
Fax: 419-436-4042 TRIP@stwendelin.org

T.R.I.P. REGISTRATION FORM

REGISTRANT NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ (must include phone number)

DIRECT MY CREDITS TO:

() MY PERSONAL TUITION ACCOUNT - You currently have a child enrolled in school

() Check here if YOUR child will be a future student and you wish to start a futures account.

T.R.I.P. credits can be split between accounts. If you would like your credits to go to more than one account, please indicate Family Name and Phone number.

() I DO NOT HAVE A CHILD AT ST. WENDELIN CATHOLIC SCHOOLS. PLEASE DIRECT MY T.R.I.P. CREDITS TO: Please list the family name - not the student name.

Family First and Last Name _____ Phone Number _____

Family First and Last Name _____ Phone Number _____

Family First and Last Name _____ Phone Number _____

() SCHOOL OPERATING FUND - Apply my amounts to the general operating funds of the schools.

() TUITION ASSISTANCE FUND - Apply my amounts to a fund generating tuition assistance for others.

() ANONYMOUS (check if you would like your donation to be anonymous)

I (WE) UNDERSTAND AND WILL ABIDE BY ALL POLICIES OF THE T.R.I.P. PROGRAM.

SIGNATURE _____ DATE _____

IF YOU HAVE ANY QUESTIONS PLEASE CALL THE T.R.I.P. OFFICE AT 419-435-8144

DISCLAIMER:

COMPLETE THIS SECTION ONLY IF YOUR CERTIFICATES WILL BE SENT HOME WITH A STUDENT OR MAILED HOME.

I (WE) AUTHORIZE THE T.R.I.P. COMMITTEE TO RELEASE MY T.R.I.P. CERTIFICATES (PLEASE CHECK ONE)

() TO MY CHILD () TO MAIL IN A SELF ADDRESSED STAMPED ENVELOPE. WITH APPROPRIATE POSTAGE

CHILD'S NAME _____ GRADE _____ TEACHER _____

I WILL NOT HOLD T.R.I.P., OR THE T.R.I.P. COMMITTEE RESPONSIBLE FOR ANY LOST CERTIFICATES

SIGNATURE _____ DATE _____