

**T.R.I.P. Registration Form
Legacy Christian School**

Parent Name(s): _____ Phone: _____

Names of enrolled children in school: _____

Address: _____

Email _____

TRIP Account # _____ (same as tuition account number)
If you are not a currently enrolled family, an account number will be assigned.

Please direct my TRIP earnings to:

- My students' tuition account
- Other tuition paying school; list school(s) _____
- Saved in a TRIP account for my future use at a tuition paying school
- The listed family/families _____
- Legacy's General Fund
- PTO
- Church (tuition assistance account) _____

If you place an order on a Monday by 8:30 a.m. in one of the TRIP boxes, the cards/certificates will be available for pick up the following Thursday after 11:00 a.m. at one of the school offices. My preferred pick up school location is:

_____ Elementary School Office _____ Middle School Office*

*You may also have your **Middle School Student** bring home a Monday order on Thursday. Please indicate this choice by reading the following statement and signing below.

I authorize the TRIP committee to release my TRIP order to my middle school student. I will not hold the TRIP Program responsible for any loss of certificates.

Middle School student's name and grade _____

Parent signature _____