

ILLIANA CHRISTIAN HIGH SCHOOL
TUITION REDUCTION INCENTIVE PROGRAM
REGISTRATION FORM FOR SCHOOL YEAR 2011-2012



Please **SIGN** and return a **NEW** updated registration form with your first order of the school year!

Questions??? Call Coordinator Dot Alcorn @ 708-331-3749 or Amy Van Drunen @ 219-310-4244.

To be completed by **all** who participate in T.R.I.P.:

TRIP Family # _____ (If you are a new TRIP family, we will assign a # to you)

Your Name _____
Last First MI

Address _____


City _____ State _____ Zip _____ Telephone (_____) _____

Please direct my earnings to (check only one):


- My Own Family Tuition Account
- Family of _____ Phone # _____ Donation confidential? Yes No
- Parents in Education Fund
- General Tuition Assistance Fund
- Illiana Foundation

DISCLAIMER. Complete this part if *your* student ***is permitted*** to bring your certificates home. This student will receive only the envelope of certificates ordered under your family number. Certificates will not be sent home with a student if you do not include this signed DISCLAIMER with your first order.
I AUTHORIZE PARENTS IN EDUCATION TO RELEASE MY T.R.I.P. GIFT CERTIFICATES TO THE STUDENT NAMED BELOW. I WILL NOT HOLD ILLIANA CHRISTIAN HIGH SCHOOL OR PARENTS IN EDUCATION RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's name: _____

 _____ Date _____
Parent's Signature

We have read, understand and will abide by the policies of the ICHS T.R.I.P. program.

 _____ Date _____
Signature

FUTURE FAMILIES ONLY: Complete this part if first student is not yet enrolled at Illiana Christian High School.

Projected enrollment date and year _____ Student's name: _____

OFFICE USE ONLY General # _____ Future School Family # _____