

**HOPE PROTESTANT REFORMED CHRISTIAN SCHOOL
TUITION REDUCTION INCENTIVE PROGRAM (TRIP)
ENROLLMENT FORM**

Last Name: _____ Husband: _____ Wife: _____

Address: _____

City, State, Zip: _____

Phone: _____ Work/Cell Phone: _____

Account Number: _____ *(Assigned by the TRIP committee)*

The first 2% rebate from all sales will go to the Hope School Circle. Each family may select one of the following options for their remaining earned rebate. ***Please select only one.***

- My Current Tuition Account
- My Future Tuition Account. Projected date of child's enrollment _____
- Transfer my Rebates to the following families *(must total 100%)*
 - Family of _____ % _____
 - Family of _____ % _____
 - Family of _____ % _____
- Hope School Circle Fund
- Issue me a check for my portion of the Rebates

DISCLAIMER. *Complete this section if you would like your certificates sent home from school with your child.*

I authorize the TRIP Committee to release my TRIP certificates to my child as indicated below. I will not hold Hope Protestant Reformed Christian School or the TRIP Committee responsible for any lost or misplaced certificates as a result of my child's actions.

Child's Name: _____ Grade/Teacher: _____

Parent's Signature: _____ Date: _____

I have read, understand and will abide by the general policies of the Hope School Circle TRIP program.

Signature: _____ Date: _____