

**REGISTRATION FORM
TUITION REDUCTION INCENTIVE PROGRAM
T.R.I.P.**

Last Name _____ First Name _____

Spouse Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (daytime) _____ Cell _____

Direct Savings to: _____ Confidential

() Personal Tuition Account _____%

() Family of _____ % _____

() Family of _____ % _____

() CCA Scholarship Fund _____%

() Future Tuition Account

Child's name _____ Anticipated Enrollment Date _____

Certificates to be picked up by:

() Self

() Other (Please specify) _____

School where you will order and pick up:

() High School () Elementary School

Disclaimer – I (we) authorize the TRIP committee to release my certificates to the person(s) named above. I (we) understand that the certificates are legal tender. If lost, they cannot be traced or replaced. I (we) will not hold Community Christian Academy, its faculty or staff or the TRIP committee responsible for any lost, destroyed or misplaced certificates as a result of my actions or those of the person(s) listed above.

Signature _____ Date _____

I (we) have read, understand and will abide by the policies of the TRIP Program.

Signature _____ Date _____