

Scrip Registration Form 2015-2016

Where faith, learning, and service have no limits

Parent's Name(s):	
Address:	
Cell Phone:	Email:
You must check one of the following for	your credit from Scrip:
☐ 50% to my own family account and Support	50% to Our Lady of Fatima Parish School General
☐ 100% to Our Lady of Fatima Parish Scho	ool General Support
Scrip Distribution Selection:	
☐ Pick-up in school office (available Thurs	sday morning)
☐ Pick-up in parish office (available Thurs	sday morning)
☐ Sent home with child on Thursdays (Sig	gn Waiver of Responsibility below)
Child's name:	Grade:
Waiver	of Responsibility
delivered to my child during the school day. I order. I understand that once my order is deli	er from the scrip coordinator via my child. Scrip will be will assume full responsibility for the delivery of my scrip ivered to my child, I assume all responsibility and will not rs or employees responsible for lost, misplaced, or stolen
Signature	