

**SCRIP PROGRAM REGISTRATION FORM
FAITH BAPTIST SCHOOLS
TUITION REDUCTION INCENTIVE PROGRAM**

1. Registrant's Name: _____
Address: _____
City/State: _____ Zip: _____
Home Phone: _____

2. Direct my earnings to: (Check one)
_____ my personal tuition account
_____ my child's _____ Europe account
_____ family of _____

3. Deliver my order via: (Check one)
_____ Hold in Office for pick-up
_____ Send home with a designated child
_____ Mail to the above address – must include stamped, self-addressed, business size envelope

4. **DISCLAIMER:** Complete this section **ONLY** if your certificates may be sent home with the child indicated below or mailed to your home.

I authorize Faith Baptist Schools to release my SCRIP gift certificates to my child indicated below or to be mailed in the business size, self addressed, stamped envelope that I will provide. I will not hold Faith Baptist Schools responsible for any lost or misplaced certificates as a result of my child's actions or as a result of the U.S. Postal System.

Child's Name: _____

Grade & Teacher: _____

Registrant's Signature: _____

5. Please sign this form and return with your **FIRST SCRIP** order. I have read, understand and will abide by the general policies of the FBS- SCRIP Program.

Signature: _____ Date: _____