

**TUITION REDUCTION INCENTIVE PROGRAM REGISTRATION SHEET**

**1. Registration Name(s)** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**2. Direct my tuition credits to (Check one)**

My personal tuition account      Account Number \_\_\_\_\_

Family of \_\_\_\_\_

Confidential Yes \_\_\_\_\_ No \_\_\_\_\_

General Tuition Assistance Fund

**3. FUTURE FAMILIES ONLY**

Complete this section if your child is not yet enrolled at Heritage Chr. School.

Projected date of enrollment \_\_\_\_\_

**3. DISCLAIMER**

Complete this section if your certificates may be sent home with your child.

I authorize the Trip Committee to release my TRIP certificates to my child as indicated below or to be mailed if I provide a large self addressed stamped envelope. I will not hold Heritage Christian School or the TRIP Committee responsible for any lost or misplaced certificates as a result of my child's actions or as a result of postal delivery.

Child's name \_\_\_\_\_ Grade /Teacher \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**4. I have read, understand and will abide by the general policies of Heritage Christian School TRIP program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax this completed form to  
Heritage Christian School at 616-669-4257.