



# SIoux CENTER CHRISTIAN SCHOOL

*... serving God and others as we work and play*

PO Box 165 | 630 First Avenue SE | Sioux Center, IA | 51250 | 712.722.0777 | www.siouxcenterchristian.com

## TRIP Registration - \$10 fee required

### 1. General Information

Name: \_\_\_\_\_  
Last First Spouse

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Social Security # \_\_\_\_\_ Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Name \_\_\_\_\_

Church attending \_\_\_\_\_

E-mail address (for weekly updates) \_\_\_\_\_

### 2. Please direct my earnings from this program to:

\_\_\_\_\_ My family tuition account at SCCS (current student)

\_\_\_\_\_ Family account of \_\_\_\_\_  
Confidential? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Future tuition account (projected school year of enrollment) \_\_\_\_\_

\_\_\_\_\_ SCCS Tuition Assistance Fund

\_\_\_\_\_ SCCS Building Fund

\_\_\_\_\_ My Western Christian High School account

\_\_\_\_\_ My Unity Christian High School account

\_\_\_\_\_ My church's Christian Ed Fund \_\_\_\_\_ (church)

\_\_\_\_\_ I'm a Grandparent and would like my earnings split between the following families/schools:

\_\_\_\_\_ (family name, school & Percentage)

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\_\_\_\_\_ (family name, school & Percentage)

### 4. I (We) have read, understand, and will abide by the policies of the SCCS TRIP program.

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