

## SCCS TRIP Registration Form

**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)

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

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

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

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

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

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

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