

LANSING CHRISTIAN

Tuition Reduction Incentive Program Registration Form

To register for TRIP, please complete this form and return it to the Lansing Christian School Main Office, Attn: TRIP Registration.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____

Email _____

Relationship to LCS (mark one):

_____ Current LCS family _____ Future LCS Family _____ Friend/Relative of LCS family

Please direct my credit to (mark one):

_____ My personal tuition account.

_____ LCS family _____ (guardian name).

_____ The general tuition scholarship fund.

My method of certificate pick-up will be (mark one):

_____ Parent pick-up _____ Student take home

Please read and complete this section if you elected to have your child take home your TRIP gift certificates.

I (we) authorize the TRIP committee to release my TRIP certificates to my child to take home. I will not hold Lansing Christian School or the TRIP committee responsible for any lost, stolen, or misplaced certificates as a result of my child's actions.

Student's Name _____ Teacher Name _____

Signature _____ Date _____

I have read, understood, and will abide by the general policies of the TRIP program.

Signature _____ Date _____