

SCRIP ENROLLMENT FORM
Trinity Lutheran Church and School
1122 W. Central Park
Davenport, IA 52804

Participant, please fill out this form completely. (Please print)

Last Name _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

You **must check one** of the following for your credit from Scrip:

- 70% to my own family account and 30% to the Trinity Lutheran School General Support Fund
- 70% to the account of the family listed below and 30% to the Trinity Lutheran School General Support Fund
- 100% to the Trinity Lutheran School General Support Fund

IMPORTANT

If you want your Scrip profit applied to a student's tuition, please list their name, their parent(s) or guardian(s) names, and grade (Preschool or Grades K-8).

Note: A Baby Account can be set up for a child you plan on enrolling in the future.

If you select a family other than your family, please provide first and last names:

Student(s) Names:	Area they attend (Preschool, K-8 or Baby A/C)
_____	_____
_____	_____
_____	_____
_____	_____

Parent(s) or Guardian(s) Names:

Signature _____ Date _____

If you have any questions, please call the school office. 563-322-5224