
T.R.I.P ENROLLMENT FORM 2006 - 2007

PLEASE PRINT THE FOLLOWING INFORMATION.

TUITION NUMBER _____ (#at the top of your tuition envelope)

LAST NAME _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

PHONE _____ CELL# _____ (optional)

CHILD _____ GRADE _____

IF I AM UNABLE TO PICK UP MY ORDER, I AM ALLOWING THE FOLLOWING INDIVIDUALS TO SIGN FOR IT (**No Students**)

NAME _____ PHONE# _____

NAME _____ PHONE # _____

PLEASE MAKE YOUR \$10.00 ENROLLMENT CHECK OUT TO ST. JOHN TRIP PROGRAM. PLEASE NO CASH.

I AGREE NOT TO HOLD ST. JOHN THE BAPTIST SCHOOL, PARISH, T.R.I.P. COMMITTEE LIABLE FOR ANY LOST, STOLEN OR MISPLACED CERTIFICATES AFTER THEY HAVE BEEN SIGNED FOR.

PARENT SIGNATURE

DATE