

PVCS TRIP ENROLLMENT FORM

Please return in a sealed envelope labeled 'TRIP Reg' and drop in the BOB box.

965 Plumtree Road, Springfield, MA 01119

(413) 782-8031

TRIP ACCOUNT # _____ (the same as your PVCS family tuition account number, leave blank if unsure)

Note: All fields are required prior to acceptance in program.

PARENT NAME(S) _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (h) _____ (c) _____

EMAIL ADDRESS _____

PLEASE DIRECT MY REBATES TO:

- MY PERSONAL FAMILY TUITION ACCOUNT
- PVCS (tax deductible)

DISCLAIMER: Complete this section if your child will be permitted to bring your scrip home. SCRIP WILL NOT BE SENT HOME WITH YOUR CHILD IF THE DISCLAIMER IS NOT SIGNED. Authorize **one** name only.

I authorize the release of my TRIP scrip to my child. I will not hold Pioneer Valley Christian School or TRIP Coordinators responsible for any lost or misplaced scrip.

Student's First and Last Name: _____ Grade: _____

Parent's/Guardian's Signature: _____ Date: _____

I / WE HAVE READ, UNDERSTAND AND AGREE WITH THE POLICIES AND PROCEDURES OF THE TRIP PROGRAM

Parent's/Guardian's Signature: _____ Date: _____

_____ Date: _____

IF YOU HAVE ANY QUESTIONS PLEASE CALL DIANE ANDRE (413) 567-6456 or email us at pvcstrip965@gmail.com.