



ZION - ST. JOHN LUTHERAN SCHOOL SCRIP REGISTRATION FORM

1 . General Information:

Name: _____
Last First Spouse (if applicable)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ (Home) (____) _____ - _____ (Cell)

Email: _____

**Providing your email implies that you consent to receive SCRIP updates, delays, etc., and allow the ZSJ SCRIP Coordinator to set up an account for you*

2 . Please direct my rebates from this program to: (choose one, or up to four)

* Funds marked with an "*" indicate that the rebates are potentially tax deductible

____ % My family tuition account at ZSJ

____ % Future Family tuition account (projected school year enrollment (____))

____ % Family tuition account(s) of: 1

____ % (may include up to two families) 2

* ____ % Zion Lutheran Church - (Direct Giving: School Support Fund)

* ____ % St. John Lutheran Church - (Direct Giving: School Support Fund)

* ____ % Bethel Lutheran Church - (Tuition Fund)

* ____ % Zion-St. John Lutheran School - (General School Support / Improvements Fund)

____ % Cash back (non deductible)

25 % ZSJ SCRIP Program (costs of running the program & General School Support/Improvements)

TOTAL Please make sure total equals 100%

3 . I would like to submit my SCRIP order: _____ (online, mobile, and/or paper) _____ (paper, only)

* If you selected "online/mobile" orders, would you like to set up an online payment option? Y / N

4 . I (we) have read, understand, and will abide by the policies of the SCRIP program.

Signature: _____ Date: ____ / ____ / ____

PLEASE DELIVER MY SCRIP (check one):

Child/ZSJ Student: _____
(disclaimer must be signed below)

I will pick up from ZSJ Lutheran School

Sunday delivery to: Zion Lutheran Church
 St. John Lutheran Church
 Bethel Lutheran Church

Other: _____
(disclaimer must be signed below)

Disclaimer:
I AUTHORIZE THE ZSJ SCRIP COMMITTEE TO RELEASE MY CERTIFICATES TO THE DESIGNATED INDIVIDUAL, AS SHOWN. I WILL NOT HOLD ZION-ST JOHN, ITS EMPLOYEES, OR ITS SCRIP COMMITTEE RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Signature: _____ Date: ____ / ____ / ____