

SCRIP ENROLLMENT FORM 2024-2025

Trinity Lutheran Church and School

1122 W. Central Park

Davenport, IA 52804

PARENT'S INFORMATION: please fill out this form completely. (Please print)

Last Name: _____ **First Name:** _____

E-Mail Address: _____

Phone (H) or (C): _____

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 account, 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:	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Parent(s) or Guardian(s) Names:

Signature: _____ **Date:** _____