

CATHOLIC CENTRAL HIGH SCHOOL'S
SCRIP PROGRAM-FAMILY SIGN-UP SHEET

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE
DAY _____ OR _____

EMAIL ADDRESS FOR IMPORTANT MESSAGES REGARDING SCRIP:

STUDENT(S) NAME, SCHOOL AND GRADE LEVEL:

WHERE WOULD YOU LIKE TO HAVE YOUR TUITION CREDIT APPLIED?

MY FAMILY'S TUITION ACCOUNT AT CATHOLIC CENTRAL HIGH SCHOOL

ANOTHER STUDENT'S TUITION ACCOUNT AT CATHOLIC CENTRAL HIGH SCHOOL

ALL CREDIT DIRECTLY TO CATHOLIC CENTRAL HIGH SCHOOL

PLEASE BE AWARE THAT IN ORDER TO CHANGE YOUR CREDIT DESIGNATION, A NEW SIGN-UP SHEET NEEDS TO BE COMPLETED.

SIGNATURE

DATE

IF YOUR CONTACT INFORMATION CHANGES, PLEASE ADVISE:

GEORGEAN SELBURG AT 262-763-1518 OR GSELBURG@CCHSNET.ORG