

**SIoux FALLS LUTHERAN SCHOOL SCRIP REGISTRATION FORM**

Please complete and return the entire form to participate in the program.

Name: \_\_\_\_\_  
Last First / Spouse

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I would like my credit to go to ONE of the following options:** \_\_\_\_\_ for **School Tuition Credit** (your child or another child).  
(Child's family name and phone number) To an **Association Church Assessment Fund.** (circle your choice of church below)  
+ Faith + Lord of Life + Memorial + Our Redeemer + Resurrection Lutheran Church Sioux Falls Lutheran School **TUITION ASSISTANCE FUND.** **FUTURE FAMILIES ONLY.** Complete if your oldest child is not enrolled at this time at Sioux Falls Lutheran School.  
Projected date of enrollment (school year): \_\_\_\_\_If you have chosen to **DONATE** your SCRIP credit to another family, would you like to keep your donation confidential?  Yes  No**Where would you like to pick up your SCRIP order?** (Check only ONE please)! I would like to pick up my order on Sunday at one of the Association Churches: \_\_\_\_\_  
+ Faith, + Lord of Life, + Memorial, + Our Redeemer, + Resurrection I would like to pick up my SCRIP order at the Sioux Falls Lutheran School. Another adult who is authorized to pick up my order: \_\_\_\_\_ I would like my order given to my child at the end of the school day. I have signed the disclaimer below.  
*If you decide to change locations during the school year please contact the SCRIP office.***DISCLAIMER:** Please complete this section if a child is being permitted to bring your SCRIP certificates home. The child will receive the envelope of certificates ordered under your family name. Certificates will not be sent home with the child if you do not include this signed DISCLAIMER with your first order.**I authorize Sioux Falls Lutheran School to release my SCRIP certificates to the child name s below. I will not hold Sioux Falls Lutheran School or the SCRIP program responsible for any lost, misplaced, or stolen certificates.**Child's Name: \_\_\_\_\_ Grade: 8<sup>th</sup>, 7<sup>th</sup>, 6<sup>th</sup>, 5<sup>th</sup>, 4<sup>th</sup>, 3<sup>rd</sup>, 2<sup>nd</sup>, 1<sup>st</sup>, Kdg., FF  
(Circle student's grade) **\*\*Not given to students in Preschool**

Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sioux Falls Lutheran School is aware of boycotts against certain businesses. We respect anyone's wish to honor those boycotts. There are a wide variety of merchants involved in the SCRIP program and each family chooses the merchants they wish to patronize.

***I / We have read, understand, and will abide by the general policies of the Sioux Falls Lutheran School SCRIP program.***

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_