



Please fill out this waiver form and return to Holy Apostles School Office.

PERMISSION FOR CHILD/WARD DELIVERY OF SCRIP AND WAIVER

I, _____ give permission to _____ to deliver Scrip which I
Parent/Guardian Parish/School

have ordered from parish/school to my child/ward, _____.

I understand that my child/ward will be responsible for the safe transport of the Scrip from school to my home and certify that I have discussed the responsibilities associated with the transport of the Scrip with my child/ward. I further understand that I have the option of personally picking up my Scrip orders from the parish/school rather than having my child/ward transport it.

*I prefer to pick up my Scrip order from the school office _____
(check and initial here)*

I agree that once the parish/school delivers the Scrip to my child/ward that the parish/school is not responsible for any Scrip which is lost, stolen or misplaced. I hereby waive any right of recovery that I may have against the parish/school for Scrip which is lost, stolen or misplaced after it is given to my child/ward. This agreement is effective for the _____ school year.

Parent/Guardian Date

DESIGNATION OF SCRIP PROFITS:

Families who purchase Scrip through Holy Apostles School are eligible to use 50% of their profit in one of three ways.

I/We hereby make the following election with respect to my Scrip purchases and eligible profit (please initial your selection):

_____ as a credit to the following tuition account –
Family Name on account _____

_____ **If I have arranged for Automatic Funds Transfer to pay tuition, I further designate the parish business manager to adjust my next transfer to reflect the tuition amount owed minus my earned profit for the next school year.**

_____ as a charitable contribution to Home and School (tax deductible)

_____ as a cash rebate (for families not returning to school the following year)

Signature: _____ Date: _____

I WISH TO RECEIVE REMINDER EMAILS TO ORDER SCRIP

EMAIL ADDRESS: _____

