



# ST. EDMOND CATHOLIC SCHOOL

## Scrip Waiver and Information Form

### Family Information

Parent Last Name \_\_\_\_\_ Parent First Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Student(s) Name & Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SCRIP Earnings

The credit your family earns by purchasing SCRIP will be split: 50% will be given to the school and 50% to your family's tuition balance\*. If your tuition balance is paid in full, the remaining credit will be applied to your child(ren)'s lunch account.

*\*Please contact the SCRIP office if you would like your SCRIP credit split between multiple families OR to give 100% of your SCRIP credit to the school.*

I understand that my child(ren) 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 them. I agree that once St. Edmond delivers the SCRIP to my child that the school is not responsible for any SCRIP that is lost, stolen or misplaced. SCRIP balances must be a minimum of \$10 total to be applied and cannot be distributed as cash.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your support!*

SCRIP Coordinators: Lindsay Ehn, Abbie Laufersweiler, & Darci Bangert

CONTACT: 515-576-5182 or ehnl@st-edmond.com

OFFICE LOCATION: MS/HS Administration Office

HOURS: Monday 8:00 am-12:00 pm Wednesday 11:30-3:00 pm

