

ST. THOMAS MORE SCHOOL
Scrip Waiver Form and Information Sheet

St. Thomas More School welcomes you to the Scrip Gift Card Program. Please fill out the following information for our records.

Last Name _____ First Name _____

Address _____
City State Zip

Home Phone _____ Work Phone _____

Email _____

Please indicate how you would like your tuition Scrip credits distributed.

- 1% tuition reimbursement (May through April)
- Parent Participation Program hours (\$100 = 1 hour)

Signature _____

If you wish to have a child bring home the scrip cards, you must have the following waiver signed and sent back to school. If this is not signed, the scrip cards cannot go home with a child.

I, _____, give permission to St. Thomas More School Scrip Gift Card Program to deliver scrip, which I have ordered and paid for from St. Thomas More Scrip Gift Card Program to my child/dependent, _____, in Mr./Ms _____ room.

I understand that this child/dependent 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/dependent. I further understand that I have the option of personally picking up my scrip orders from the church rectory office or on Sundays in back of church during normal Scrip sale times.

I agree that once St. Thomas More delivers the scrip to this child/dependent that the school is not responsible for any scrip that is lost, stolen or misplaced. I hereby waive any right of recovery that I may have against St. Thomas More for scrip that is lost, stolen or misplaced after it is given to this child/dependent.

Signature _____

Thanks for your support.