

# TRIP – Tuition Reduction Incentive Program Registration Form

Please register my family in the TRIP program. I understand that “funds are non-transferable and applicable only while my child(ren) remain(s) enrolled. If for some unforeseen reason I withdraw my child(ren), all funds will be retained and credited to the WSCS general budget.”

Family Name: \_\_\_\_\_

Child(ren)'s name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Please choose one option below:

Please send my cards home with my child(ren)

I will pick my cards up in the office