

**ST ALBERT CATHOLIC SCHOOL SYSTEM  
Scrip Waiver Form and Information Sheet**

St. Albert Catholic School System welcomes you to Scrip. Please fill out the following information for our records.

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

Address \_\_\_\_\_  
City State Zip

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

E-mail \_\_\_\_\_

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

- Example 1: One family's tuition account – 100%
- Example 2: SA tuition Assistance – 100%
- Example 3: One family 33%, another family – 33%, tuition assistance – 33%  
 You may divide this however you want, as long as it equals 100%.
- Example 4: Parish of your choice
- Example 5: Bank it (Accumulate for future tuition cost)

	PERCENTAGE
NAME	
(List first & last name of parent's _____ Do not list students names)	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

**Note: Scrip credits banked or applied to a current balance are the property of Saint Albert Catholic Schools. If you are unable to enroll your future student(s) or must withdraw your current student(s), the remaining credit will be applied to our tuition assistance fund.**

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. Albert School System to deliver scrip which I have ordered and paid for from SA to my child/dependant, \_\_\_\_\_, in Mr./Ms \_\_\_\_\_ room.

I understand that this child/dependant 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/dependant. I further understand that I have the option of personally picking up my scrip orders from the school business office at 400 Gleason Ave.

I agree that once SA delivers the scrip to this child/dependant 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 SA for scrip that is lost, stolen or misplaced after it is given to this child/dependant.

Signature \_\_\_\_\_

Thank you for your support!

