



STRATHROY COMMUNITY CHRISTIAN SCHOOL
Providing Quality Christ-Centred Education

Voucher Incentive Program - Registration Form

(Please Print Clearly)

Last Name: _____ First Name(s): _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____ E-Mail: _____

Are you a: Current Family Future Family SCCS Supporter

Please sign to indicate that you have read and understood the Voucher Incentive Program Information and Guidelines.

Signature: _____

50% of total rebate earned through VIP is directed to the SCCS budget. The remaining 50% may be allocated to one or more of the following funds:

My family's tuition (including future families)

Another family's tuition

Please specify the Other Family's Name(s): _____

Would you like to keep your donation confidential? Yes No

Tuition Assistance Fund (TAF)

Class Trip Activity Fund

SCCS general budget

How would you like to receive your VIP order?

I will pick up my order during regular office hours

I designate my child _____ in grade _____ to bring my order home. I authorize the release of my gift cards/certificates to this student, and will not hold Strathroy Community Christian School responsible for any lost or misplaced certificates once in the possession of the above-named student. The student must be able to write his/her name as he/she will be required to sign for the order when received.

Signature

Date