



Enrollment Form Most Holy Trinity Scrip Program

Name: _____

Daytime phone number: _____

Date: _____

I(We) have read, understand, and will abide by the general policies of the SCRIP program.

Signature

Date

If you wish to have 50% of your SCRIP purchases go towards a child / family's tuition, please indicate below:

All credits accumulated in the program should be credited to _____
tuition account. (student/family's name)

Please return this form to the MHT school office (11144 Kent Street, Fowler, Michigan, 48835) or attach it to your first order. Any questions, please call the office at 593-2616. Thank you.