



Enrollment Form Most Holy Trinity Scrip Program

Name: _____

Address: _____

Daytime phone number: _____

Cell phone number: _____

E-mail address: _____

I (We) have read, understand, and will abide by the general policies of the SCRIP program (available at www.mhtparish.com – click “MHT School”, click “Scrip”, click “General Policy”).

Signature

Date

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

All credits accumulated should be applied to _____ tuition account.
(student/family’s name)

Please return this form to the MHT school office (545 N. Maple Street, Fowler, Michigan, 48835), drop in the collection basket, or place in the rectory mailbox. You may also attach this form to your first order. If you have any questions, please call the office at 593-2616. Thank you.

Most Holy Trinity School – Connecting Faith to Life