



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.

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 (545 N. Maple Street, Fowler, Michigan, 48835) or attach it to your first order. If you have any questions, please call the office at 593-2616. Thank you.