Tuition Reduction Incentive Program
Cuyahoga Valley Christian Academy
Registration Form

1. [ ] New Registrant (An account # will be sent to you with your first order.)

2. Registrant Name(s): _____
Last First Spouse

Address: _____ Email:_____

City: _____ State: _____ Zip: _____ Phone: (____)_____

3. Direct my credits to: (check one)

[ ] My personal tuition account. Student enrolled for this year. Grade _____.

[ ] Donate credit to another family.
Family parents' names: _____
Confidential [ ] Yes [ ] No

[ ] Donate credit to CVCA Student Assistance Fund.

[ ] Prospective Family to CVCA. Student will be enrolled in school year _____.

4.

DISCLAIMER: If at any time you will <u>not</u> be picking up your certificates from school, please complete the appropriate section(s) below. You may choose one or all of the delivery options below. You will designate a delivery option on each order form you submit.

a. **STUDENT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to my student listed below. I (we) will not hold **Cuyahoga Valley Christian Academy** or the T.R.I.P. committee responsible for any lost certificates as a result of my student's actions.

Student's Name: _____ Grade: _____

Parent's Signature: _____ Date: _____

b. **OTHER STUDENT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to the student listed below. I (we) will not hold **Cuyahoga Valley Christian Academy** responsible for lost or misplaced certificates as a result of this student's actions. A parent of this student has also signed this disclaimer, agreeing that his/her child has his/her permission to take certificates home for the named friend or relative.

Student's Name: _____ Grade: _____

Signature of Registrant: _____ Date: _____

Signature of Student's Parent: _____ Date: _____

I (we) have read the information fully and agree to abide by the policies set up by T.R.I.P.

Signature(s) _____ Date _____