



# FR. ALLOUEZ SCHOOL FAMILIES MUST FILL OUT BOTH SIDES OF SCRIP AGREEMENT

Please list students name and grade attending Fr. Allouez Catholic School:

_____	_____
_____	_____
_____	_____

## PLEASE CHECK ONE:

\_\_\_\_\_ I/we understand the following:

- I/We have agreed to generate \$250 (\$50 for Early Childhood) in profits (or pay the balance Fr. Allouez Catholic School) by May 1, 2017.
- 50% of the profits generated over \$250 (\$50 for Early Childhood) during the **2016/17 fiscal year** will be credited in July 2017 to tuition for 2017/18 at Fr. Allouez Catholic School.
- I/we also understand that if we choose not to have our children attend Fr. Allouez Catholic School we will not receive a refund/rebate of these profits.

\_\_\_\_\_ I/we have opted out of purchasing SCRIP and have agreed to pay the \$250 minimum 3rd source funding (\$50 for Early Childhood) (added to your tuition in 2016/17).

## IMMEDIATE RELATIVES PURCHASING SCRIP (only immediate family members can purchase scrip on behalf of school family) **SPONSOR FORMS ARE DUE FRIDAY, SEPTEMBER 23, 2016. FORMS RECEIVED AFTER SEPTEMBER 23 WILL NOT RECEIVE CREDIT FOR PREVIOUS QUARTERLY PROFIT DISTRIBUTIONS.**

1. First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Indicate on separate sheet if there are additional families.

**SIGNED:** \_\_\_\_\_