



TRIP Registration Form

Last Name: _____ Father: _____ Mother: _____

Address: _____
Street City/State Zip

Mobile Phone(s): _____

E-Mail(s): _____

TRIP Designation:

Currently Enrolled:

Please apply TRIP to my family account: Students: 1. _____

2. _____ 3. _____

4. _____ 5. _____

Friends of PPCS:

I would like my TRIP applied to the _____ family at _____%*

Student(s): 1. _____ 2. _____

3. _____ 4. _____ 5. _____

I would like to keep my donation anonymous/confidential YES NO

*I would like to apply my trip to more than 1 family. See additional form attached.

PPCS General Tuition Fund: I would like my TRIP applied to the General Tuition Fund.

Future Family:

Projected enrollment date: _____

Future Student Name: _____

Parent Name: _____ Phone: _____

Physical Address: _____

E-mail Address: _____

***Physical Card Distribution Authorization:** The following individuals are authorized to pick up the physical gift cards ordered on my account: _____

We (I) have read, understood and will abide by the policies of the TRIP program at PPCS.

Signature

Date

Signature

Date