



RaiseRight Registration Form

Last Name: _____ Parent 1: _____ Parent 2: _____

Address: _____
Street City/State Zip

Mobile Phone(s): _____

E-Mail(s): _____

RaiseRight Designation (choose 1 option please):

1) Currently Enrolled:

Please apply TRIP to my family account: Student name(s): 1. _____

2. _____ 3. _____

4. _____ 5. _____

2) Friends of PPCS:

_____ I would like my RaiseRight 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.*

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

4) 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