ADAMS CHRISTIAN SCHOOL TRIP ENROLLMENT FORM **Tuition Reduction Incentive Program**

| Section 1 | Select One: | () Future ACS Family | () Current ACS Family | () ACS Supporter |
|-----------|--|---|--|---|
| | Last Name: | | Husband: | Wife: |
| | Address: | | | |
| Š | City, State, Zip: | | | |
| | Phone: | | | |
| Section 2 | Club. The addition | listed on the order form/ website is onal 60% will benefit the option yo | s the full rebate amount for the gift card. | 40% of the rebate will benefit Adams Mothers r gift card, 3% (\$3) is the total rebate. 40% of the \$3 ct. |
| | () | My Current Tuition Account - You | ingest Student Name & Grade: | Grade: |
| | () | My Future Tuition Account - Stud | ent Name & Year Starting Adams: | Year: |
| | () | Please transfer the rebates from | my purchases to the following families (| nust total 100%) |
| | | Famil | y Name | % |
| 0) | | Famil | y Name | % |
| | | Famil | y Name | % |
| | | Famil | y Name | % |
| | () | Please issue me a check for my | portion of the rebates. | |
| | () | Please apply 100% of the rebates | s from my purchases to Adams Christiar | n School's Mothers' Club |
| Section 3 | personally pick u can do so by fillir | p your certificates. Please choos ng out another registration form. | e and sign only ONE option. If you need RIP gift certificates to my child. I will not | me by your child. Complete OPTION 2 if you will to change to another selection at a later date, you hold Adams Christian School responsible for lost |
| | Child's Name: | | | |
| | Signature: | | | Date: |
| | OPTION 2 | I would like to pick up my certificates during school hours, or will send one of the following adults to pick them up for me: | | |
| | | | | |
| | | | | |
| | Signature: | | | Date: |

Date:

Signature: