

If you are NOT a parent/guardian of a St. Bernard or NDA student and wish to transfer your scrip credits to a St. Bernard or NDA family or to designate St. Bernard parish or St. Bernard school to receive your scrip rebates complete this side.

ST. BERNARD SCRIP PURCHASE AGREEMENT NONSCHOOL FAMILIES

PURCHASER NAME _____

*(Please include the first and last name and include all applicable names.
For example: James White; John or Mary Smith; Carol Bates or Bill Green)*

St. Bernard sponsors a scrip program that generates rebates from the participating retailers. You can choose the distribution of the rebates generated from your purchases.

I want my rebate to be distributed as follows: **(Choose ONE of the following options)**

[] TUITION REBATE FOR SCHOOL FAMILY

Purchasers requesting rebate to be transferred to a designated school family. The rebate will be distributed in accordance with the family's Scrip Purchase Agreement. * If the designated family does not have a scrip purchase agreement on file or if the family no longer attends St. Bernard School or Notre Dame, your rebate will automatically be an unrestricted contribution to the parish until a different scrip agreement form is completed by you.

You can choose to designate more than one school family, the parish or school for your rebate. The total distribution % must equal 100%.

100% or _____% SCHOOL FAMILY NAME: - _____
(first and last name of school family - not the student name)

_____ % SCHOOL FAMILY NAME: - _____

_____ % SCHOOL FAMILY NAME: - _____

_____ % ST. BERNARD PARISH

If you wish a portion of your rebates to be credited to St. Bernard Parish or to St. Bernard School, please indicate below

_____ % **UNRESTRICTED CONTRIBUTION – St. Bernard School**

Your designation will remain in effect until a different Scrip Agreement Form is completed and recorded.

_____ % **UNRESTRICTED CONTRIBUTION – Parish**

Your designation will remain in effect until a different Scrip Agreement Form is completed and recorded.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser Signature: _____ Date: _____

(The information below will be used for recordkeeping and communication purposes of the Scrip program)

Address:

Phone # (home/cell) _____

Email Address _____

This form can be completed and emailed to scrip@stbernardcong.org

OFFICE USE:

Acknowledged and recorded by: _____ Date: _____

If you are a parent/guardian of a St. Bernard or NDA student complete this side.

ST. BERNARD SCRIP PURCHASE AGREEMENT FOR SCHOOL FAMILIES

2020-21

SCHOOL FAMILY NAME: - _____
(Registered first and last name of school family - Parent or Guardian not the student name)

St. Bernard sponsors a scrip program that generates rebates from the participating retailers. You can choose the distribution of the rebates generated from your purchases. I want my rebate to be distributed as follows:

TUITION REBATE FOR OUR SCHOOL FAMILY *

(Rebate will be distributed in accordance with current tuition sharing policies of St. Bernard School (GRACE) or St. Bernard Parish (NDA).)

Your designation will remain in effect for June 1, 2020 through May 31, 2021 or until a different Scrip Agreement Form is completed and recorded.

GRACE system tuition OR Notre Dame tuition

Student Name _____ Grade: _____ Student Name _____ Grade: _____

Student Name _____ Grade: _____ Student Name _____ Grade: _____

Student Name _____ Grade: _____ Student Name _____ Grade: _____

Indicate here if your student is in eighth grade and there will be no family members attending St. Bernard School in the 2021-22 school year

(The information below will be used for recordkeeping and communication purposes of the Scrip program)

Address: _____

Phone # (home/cell) _____ Email Address _____

Purchaser Signature: _____ Date: _____

***If you wish your rebates to be credited elsewhere, please select ONE of the following options**

TUITION REBATE TRANSFERRED TO A DIFFERENT SCHOOL FAMILY

The rebate will be distributed in accordance with the family's St. Bernard Scrip Purchase Agreement.

You can choose to designate more than one school family for your rebate. The total distribution % must equal 100%.

Your designation will remain in effect for June 1, 2019 through May 31, 2020 or until a different Scrip Agreement Form is completed and recorded.

If the designated family does not have a scrip purchase agreement on file or if the family no longer attends St. Bernard School or Notre Dame, your rebate will automatically be an unrestricted contribution to the parish until a different Scrip Agreement Form is completed by you.

100% or _____% SCHOOL FAMILY NAME: - _____
(Registered first and last name of school family – Parent or guardian not the student name)

_____ % SCHOOL FAMILY NAME: - _____

_____ % SCHOOL FAMILY NAME: - _____

UNRESTRICTED CONTRIBUTION – St. Bernard School

Your designation will remain in effect until a different Scrip Agreement Form is completed and recorded.

UNRESTRICTED CONTRIBUTION – Parish

Your designation will remain in effect until a different Scrip Agreement Form is completed and recorded.

OFFICE USE:

Acknowledged and recorded by: _____ Date: _____