

SCRIP Family Account Disbursement Form

Name: _____

Date: _____

Signature: _____

I would like my SCRIP funds distributed accordingly:

Billable Fees:

Registration Fees: \$

Tuition: \$

Sports Fees: \$

Other billable fees: _____ \$ Credit to _____ Family

Non Billable Fees:

Lunch Account: \$

Annual Fund: \$

Financial Aid: \$

Field Trips: \$

Spirit Wear: \$

Other: _____ \$ Credit to _____ Family

FOR OFFICE USE ONLY

SCRIP Credit in family account \$

SCRIP Credit approved for distribution \$

Balance left in SCRIP account \$

Date: _____

Signature of SCRIP Coordinator _____