

**ST. AGNES SCHOOL
SCRIP WAIVER FORM**

I agree that, as a convenience to me, St. Agnes School will permit the SCRIP program gift cards that I purchase to be sent home with my child listed below.

(Family Name)

(Child's Name)

(Child's Homeroom Teacher)

I hereby request that St. Agnes School distribute my gift cards to my child and permit my child to bring the SCRIP gift cards home as part of the weekly Friday packet. If I wish to change my method of distribution, I will notify the St. Agnes SCRIP Coordinator, Chrysa Zinser in writing or at scrip@stagneskc.org.

I understand and agree that St. Agnes School and the SCRIP program coordinator is in no way accountable or responsible for any loss, damage or destruction to the SCRIP gift cards after they have been distributed to my child.

Please provide your e-mail address below if you would like us to communicate with you through e-mail. Your e-mail address will be used for SCRIP purposes only and will not be distributed to any other party for any other purpose without your written consent to do so. We will use e-mail to send periodic updates or to address order issues.

(E-Mail Address)

(Parent Signature)

(Date)

(Parent Name)