Saint Patrick School Tuition Rebate Program
DESIGNATE FORM
Saint Patrick Preschool through 8th grade
School Year 2004-2005

Please SIGN and return this form to Saint Patrick School
To be filled in by all who will buy certificates from Saint Patrick School:

Your Name _____
Last First MI

Address _____

City _____ State _____ Zip _____ Telephone _____

Your telephone number is required to set up your account
Your telephone number will be kept confidential and will not be made available to anyone

☐ Please assign my rebate to the following family or families:

Family Name and/or General Account	Family Phone #	Percentage	Anonymous? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Please assign my rebate to the General Tuition Rebate Account

☐ I will pick up my certificates (location to be announced, no need to sign disclaimer)

☐ Please send my certificates with _____(sign Disclaimer)

Disclaimer. Complete this portion ONLY if you would like your child to bring your certificates home. Your child will ONLY receive the envelope of certificates ordered under your account number. Certificates will not be sent home with your child if you do not sign this disclaimer.
I AUTHORIZE THE SAINT PATRICK TUITION REBATE PROGRAM COORDINATOR TO RELEASE MY GIFT CERTIFICATES TO MY CHILD. I WILL NOT HOLD SAINT LEO SCHOOL OR THE COORDINATOR RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's name _____ Grade _____

Your Signature _____ Date _____

I have read, understand, and will abide by the policies of the Saint Patrick Tuition Rebate Program.

Your Signature _____ Date _____