If you are a parent/guardian of a St. Bernard or NDA student please complete the St. Bernard Scrip School Family Agreement. Do not use this form.

ST. BERNARD SCRIP SPECIAL DESIGNATION AGREEMENT

PURCHASER NAME	
(Please include the first and last name and inclu For example: James White; John or Mary Smith	ude all applicable names.
Please sign and date below to indicate your acknowledgement of this agreement.	
Purchaser Signature: (The information below will be used for record.) Address:	Date: Date: keeping and communication purposes of the Scrip program)
Phone # (home/cell)	
Email Address	
choosing from the following distribution optispecific % for each option chosen. The total distribution ONE: TRANSFER TO A SCHO The rebate will be distributed in accordance with If the designated family does not have a scrip put	OOL FAMILY
another agreement is submitted.	
100% or% SCHOOL FAMILY NAME (first and last name of sc	: Phool family - not the student name)
% SCHOOL FAMILY NAM	1E:
% SCHOOL FAMILY NAM	1E:
[] OPTION TWO: TRANSFER TO ST. BE	
[] Check here if you are a St. Bernard S	chool teacher
[] OPTION THREE: TRANSFER TO ST. I	BERNARD PARISH
100 % or% Unrestricted Contribution –	St. Bernard Parish
This form can be completed and emailed to scri office or the St. Bernard school office. OFFICE USE:	p@stbernardcong.org, or dropped off at the St. Bernard parish
Acknowledged and recorded by:	Date: