



St. Peter's Catholic School

34 Main Street, PO Box 357

Hokah, MN 55941

www.stpetershokah.com

(507) 894-4375

SCRIP REGISTRATION FORM

Name (name of adult, Scrip accounts are filed under the parents/guardians/supporting family names, not the children's names): _____

Address: _____

City, state, zip code: _____

Telephone number: _____

Please apply 50% of my Scrip credit to:

*Please include % if more than one area specified.

*Please specify school, student name, and names of student's parents (if other than the name listed above) for ex. St. Peter's, Joe Smith, Jack/Jill Smith.

CATHOLIC SCHOOL TUITION

Name of school: _____

Student's name(s)/parent's name(s): _____

FAITH FORMATION CLASSES

Student's name(s)/parent's name(s): _____

ST. PETER'S SCHOOL FUTURE TUITION FUND

Student's name(s)/parent's name(s): _____

ST. PETER'S SCHOOL ENDOWMENT FUND: _____

ST. PETER'S SCHOOL TUITION RELIEF FUND: _____

ST. PETER'S SCHOOL GENERAL FUND: _____

ST. PETER'S SCHOOL TECHNOLOGY FUND: _____

ST. PETER'S SCHOOL OUTDOOR FACILITY IMPROVEMENTS (Windows) _____

Signature _____ Date _____

*You may redirect your credit anytime by completing another registration form or contacting a Scrip coordinator.