

RCS SCRIP ALLOCATION REQUEST FORM

To allocate your available Scrip Rewards credit, you must complete **BOTH** sections of this form and submit each to the appropriate party by the due date indicated below. Scrip funds will not be transferred without this signed form in place, verbal and email requests will no longer be accepted.

Please complete **ONE FORM FOR EACH TYPE OF FEE**. Turn in the top section of this form to the RCS Front Office personnel. The bottom section should be provided to the Fee Collection Coordinator (teacher/director/CVC/front office) in lieu of financial payment. If a registration/payment form is available, (i.e. field trip/class party/club registration/etc) attach the bottom section of this form to the activity form as you would cash or check. No partial fee payments will be allowed except for the following: 6th Grade Camp, Summer Academy, and extended field trips.

If you have questions regarding the RCS Scrip Rewards program, please contact the RCS Scrip Team via email at: scrip@ridgeviewclassical.com.

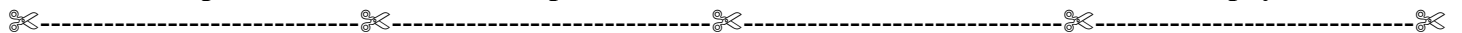
As per the RCS BOD, Scrip Rewards credit may be used as payment for the purpose and/or activities listed below.

Family Name: _____ Date: _____

AMOUNT	FEE / ACTIVITY / EVENT	REQUEST DUE DATE	STUDENT NAME(S)	GRADE
	All-School Fee \$75/Senior Fees \$130/Locker \$15 FEE: _____ FEE: _____	Upon enrollment		
	Athletic Fee (\$75/\$100) SPORT: _____	1 st day of practice		
	Academic: (CIRCLE ONE) Choir / Ceramics /PE	Upon enrollment		
	Extra-Curricular Club / Activity: _____	Upon enrollment		
	Publication: Yearbook / Veritas (CIRCLE ONE)	Order due date		
	TICKETS: Performance / Dance / Event EVENT: _____	5 days prior to last day of ticket sales		
	Field Trip / Class Party / 6 th Gr Camp EVENT: _____	Due date of payment		
	CVC Teacher Gift: _____	5 days prior to requested due date		
	General Teacher Appreciation (Holiday/TAW)			
	All School Event: _____			
	Department Donation: _____	N/A		

Requester Signature: _____ Scrip Team verification: _____ Date: _____

Complete the form below and provide to the fee collection coordinator in lieu of payment.



Fee Coordinator: Please accept this Scrip Allocation form as verification of payment*.

Fee Coordinator: _____ Purpose of Fee: _____ Amount: \$ _____

Student name: _____ Grade: _____

Requester Signature: _____ Date: _____

**If sufficient credit is not available, a Scrip Team representative will inform both parties that an alternate method of payment must be applied to the fee.*