

# HCS/SEC TRIP REGISTRATION FORM

School Year 2025-2026

Please return to the main office, TRIP mailbox or email it to [trip@highlandchristian.org](mailto:trip@highlandchristian.org).

## 1. Family Information

Family Name (Adults) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Earning Allocation (Please Check One):

\_\_\_\_ Credit our HCS/SEC Tuition Account.

\_\_\_\_ Credit our Illiana Christian High School Tuition Account.

\_\_\_\_ Save our credits in a Future Family Account.

\_\_\_\_ Donate to a different HCS/SEC family.

Family Name (Adults): \_\_\_\_\_

\_\_\_\_ Donate to HCS School Tuition Assistance Fund.

\_\_\_\_ Donate to HCS Foundation Fund.

## 3. Order Pick up (Please Check One):

\_\_\_\_ Hold in office

\_\_\_\_ \*Student or Teacher pick up

\*If student pickup is checked, disclaimer must be signed below. SEC students are not eligible for this option.

### \*\*\*STUDENT PICKUP DISCLAIMER\*\*\*

I authorize HCS to release my TRIP gift cards to the student named below. By signing this disclaimer, I permit the student named below to bring my certificates home. I understand that my student will only receive the certificates ordered under my family account number and that HCS is not responsible for lost or misplaced gift cards.

Student Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### \*\*\*TRIP PROGRAM AGREEMENT\*\*\*

By signing below, I acknowledge that I have read, understand and will abide by the policies of the HCS TRIP program.

Signature \_\_\_\_\_ Date \_\_\_\_\_