

HCS/SEC TRIP REGISTRATION FORM

School Year 2026-2027

Please return to the main office, TRIP mailbox or email it to trip@highlandchristian.org.

1. Family Information

Family Name (Adults) _____

Address _____

City _____ State _____ Zip _____

Cell: _____ Email: _____

2. Earning Allocation (Please Check One):

Credit our HCS or SEC Tuition Account.

An HCS or SEC family.

Family Name (Adults) _____

Credit our Illiana Christian High School Tuition Account.

Save our credits in a Future Family Account.

The HCS School Tuition Assistance Fund.

The 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 _____