



BOSCO SYSTEM CATHOLIC SCHOOLS

Shopwithscrip.com Delivery Form

Family Name _____ **ID #** _____

Deliver my shopwithscrip.com SCRIP order as follows:

- _____ Send my order home with the student(s) listed below.
- _____ I will pick up my order at the Don Bosco office (Mon-Fri 7am-3pm).
- _____ I will pick up my order at Regions Bank in Gilbertville.
- _____ I will pick up my order at Farmers State Bank in Raymond.

PERMISSION FOR STUDENT DELIVERY OF SCRIP AND WAIVER FORM

I, _____ give permission to Bosco System Catholic
(parent/guardian name)

Schools to deliver SCRIP, which I have ordered through the Bosco System, to my
child/ward (s) _____.

I understand that my child/ward will be responsible for the safe transport of the SCRIP order from school to my home and certify that I have discussed the responsibilities associated with the transport of the SCRIP with my child/ward. I further understand that I have the option of personally picking up my SCRIP orders from school rather than having my child/ward transport it.

I agree that once the school delivers the SCRIP to my child/ward that the school is not responsible for any SCRIP that is lost, stolen, or misplaced. I hereby waive any right of recovery that I may have against the school for SCRIP that is lost, stolen, or misplaced after it is given to my child/ward.

This agreement is effective beginning with the _____ school year.

Parent / Guardian Signature

Date