



MASSILLON CHRISTIAN SCHOOL

965 Overlook Ave
Massillon, OH 44647

(330) 833-1039
mcssecretary@yahoo.com

TRIP Registration Form 2007 - 2008 School Year

Parent Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____

Work Or Cell: _____

DIRECT MY CREDITS TO...

My Personal Tuition TRIP Account

The Family Of _____

Confidential:

Yes
 No

Tuition Assistant Fund

MCS General Fund

I have read, understand and agree to abide by the policies of the TRIP Program as laid out in the Massillon Christian School TRIP Policies And Procedures.

Signature

Date