

ILS Scrip Program Enrollment Form

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

I am aware that 50% of the profits I earn will go to the child(ren)'s tuition accounts or program I indicate below, and the other 50% will go to support ILS. Please send my portion of earnings to:

My family tuition account

The tuition account of _____

ILS General Fund

ILS Tuition Assistance Fund

A future family account

(for use in the coming school year of _____)