



**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 Farmers State 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**