

Effective 1 Aug 2016 for AY 2016-17

PICK-UP INFORMATION:

I (or my child if disclaimer is signed) will pick up gift cards in the DBCS Main Office.

DISCLAIMER: Complete this section if your child will be permitted to bring your gift cards home. GIFT CARDS WILL NOT BE SENT HOME WITH YOUR CHILD IF THE DISCLAIMER IS NOT SIGNED. Authorize one name only.

I authorize the release of my Scrip Gift Cards to my child. I will not hold DBCS or Scrip responsible for any lost or misplaced gift cards.

Student's First and Last Name: _____

Grade / Home Room Teacher: _____

Parent's Signature: _____ Date: _____

****I HAVE READ, UNDERSTAND, AND WILL ABIDE TO THE GENERAL POLICIES OF THE DBCS SCRIP PROGRAM.****

Signature: _____ Date: _____

Return this form to the school office once completed.