



SCRIP OPT-OUT FORM 2024-25

Please select one of the options listed below:

_____ I agree to participate in the Scrip Program. I understand that a \$300 profit goal is to be achieved starting on May 1 through April 30. If the \$300 goal in profit is not met, my FACTS account will be charged the difference and percentage fee based on how much profit is generated. (please refer to family handbook for specific details).

_____ I wish to opt-out of the Scrip Program. I understand that by opting out I agree to have \$500.00 charged to my FACTS account.

Parent Signature _____ Date _____

Family Name _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____