



AUTHORIZATION FOR CHILDREN TO PICK UP SCRIP

I, _____ hereby authorize my child
_____ to get my scrip order at
Marquette St. _____ McDonald St. _____ Middle School _____ High School _____

ST. Francis Xavier Catholic School System, their employees and volunteers operating the Scrip Program will not be liable for any lost or damaged scrip.

This permission will remain in effect through the 2020/21 academic school year

Parent / Guardian Signature

Date