

**CROWN POINT CHRISTIAN SCHOOL**

10550 Park Place, St. John, IN 46373

**SCRIP LOCAL VENDOR FORM**

SCRIP Vendor \_\_\_\_\_

Date \_\_\_\_\_

Amount of Purchase \_\_\_\_\_

Tuition Reduction:  
Percentage \_\_\_\_\_

Amount \_\_\_\_\_

**Family Tuition Account**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Authorization \_\_\_\_\_

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