

## School Stewardship Rate Contract 2015-16

Family Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Children: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

I am interested in receiving the School Stewardship rate for the 2015-2016 school year. I understand that in order to receive this rate, I will fulfill the following expectations:

- **Monthly** purchases of Scrip from Regina;
- Thirty-six hours of service to Regina.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*In order to qualify for the School Stewardship rate, this form must be returned before the student enrolls at Regina. Please return the form to:*

Michelle Winders  
2140 Rochester Ave  
Iowa City, IA 52245