

VOUCHER



Ireton Christian School
Tuition Reduction Incentive Program
104 5th Street, Ireton, Ia 51027
712-278-2245

ICS TRIP participant (please fill in name before giving to staff)

Name: _____

Date: _____ Total Cost: _____ Staff Initials: _____

Dr. Beaver- Sioux Center, IA

Participant- Keep this portion for your records. *Record the information below. Report it to the TRIP Coordinator to credit you TRIP account.*

Name:

Date:

Total Cost:
Dr. Beaver

VOUCHER



Ireton Christian School
Tuition Reduction Incentive Program
104 5th Street, Ireton, Ia 51027
712-278-2245

ICS TRIP participant (please fill in name before giving to staff)

Name: _____

Date: _____ Total Cost: _____ Staff Initials: _____

Dr. Beaver- Sioux Center, IA

Participant- Keep this portion for your records. *Record the information below. Report it to the TRIP Coordinator to credit you TRIP account.*

Name:

Date:

Total Cost:
Dr. Beaver

VOUCHER



Ireton Christian School
Tuition Reduction Incentive Program
104 5th Street, Ireton, Ia 51027
712-278-2245

ICS TRIP participant (please fill in name before giving to staff)

Name: _____

Date: _____ Total Cost: _____ Staff Initials: _____

Dr. Beaver- Sioux Center, IA

Participant- Keep this portion for your records. *Record the information below. Report it to the TRIP Coordinator to credit you TRIP account.*

Name:

Date:

Total Cost:
Dr. Beaver

VOUCHER



Ireton Christian School
Tuition Reduction Incentive Program
104 5th Street, Ireton, Ia 51027
712-278-2245

ICS TRIP participant (please fill in name before giving to staff)

Name: _____

Date: _____ Total Cost: _____ Staff Initials: _____

Dr. Beaver- Sioux Center, IA

Participant- Keep this portion for your records. *Record the information below. Report it to the TRIP Coordinator to credit you TRIP account.*

Name:

Date:

Total Cost:
Dr. Beaver