

SACRED HEART SCHOOL  
ESCRIP ENROLLMENT

Family Name of Sacred Heart Student \_\_\_\_\_

Grade of oldest child enrolled at SHS \_\_\_\_\_

Name on club card account(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip code \_\_\_\_\_

Email address: \_\_\_\_\_

Please enroll my **VONS CLUB** card number (14 digits)

\_\_\_\_ \_  
\_\_\_\_ \_

I hereby authorize Sacred Heart School to enroll me (and my family) in the Sacred Heart School Supermarket Partner Program to secure ongoing cash resources for the school through the Sacred Heart School SCRIP program. I understand that this information will not be released to anyone or used outside of the SHS SCRIP program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return with your student or fax to the school at 647-2291. If you have any questions, contact the Scrip office at 647-0713 or email [scrip@sacredheartschoolventura.org](mailto:scrip@sacredheartschoolventura.org)

*Families may also self enrollment by creating an account at [www.escrip.com](http://www.escrip.com)*

*Group Name: Saced Heart School                      Group ID#: 137105037*

*Once enrolled, please contact the scrip office so we may look for your registration.*