

Method of Delivery Waiver

KBES PTA Scrip Program 2021-22

Date: _____ Teacher: _____

Student Name: _____

Parent Name: _____

Parent Phone Number: _____

Parent Email: _____

I understand that KBES PTA requires parents to pick up Scrip orders in person. I hereby authorize KBES PTA to use the following alternate delivery methods (check all that apply).

Send my Scrip order home with the following student:

Name & Teacher _____

I will pick up my Scrip order in person at the school. You will receive an email to schedule a time.

I have chosen an E-scrip or reloadable card and no delivery is needed.

In addition to authorizing the alternate delivery method above, I understand that I take full responsibility for the security of any order delivered by these methods and I hold harmless KBES PTA for the loss, theft or any other disappearance of Scrip orders once they are delivered in good faith via one of the methods listed above.

Parent Signature

Date