



Ս. ԱՍՏՈՒԱԾԱԾԻՆ շԱՅՑ. ԱՌԱՔԵԼԱԿԱՆ ԵԿԵՂԵՑԻ  
ՎԱՀԱՆ ԵՒ ԱՆՈՅՇ ՇԱՄԼԵԱՆ ԱԶԳԱՅԻՆ ՎԱՐԺԱՐԱՆ

ST. MARY'S ARMENIAN APOSTOLIC CHURCH  
VAHAN & ANOUSH CHAMLIAN ARMENIAN SCHOOL

4444 Lowell Avenue, Glendale, California 91214 Tel: (818) 957-3398

### Scrip Program Registration Form

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Name(s) of child(ren) attending school during the 2019-2020 school year:

Name	Grade	Acct. #
_____	_____	_____
_____	_____	_____



Ս. ԱՍՏՈՒԱԾԱԾԻՆ ՆԱՅՑ. ԱՌԱՔԵԼԱԿԱՆ ԵԿԵՂԵՑԻ  
ՎԱՀԱՆ ԵՒ ԱՆՈՅՇ ՇԱՍԼԵԱՆ ԱԶԳԱՅԻՆ ՎԱՐԺԱՐԱՆ

ST. MARY'S ARMENIAN APOSTOLIC CHURCH  
VAHAN & ANOUSH CHAMLIAN ARMENIAN SCHOOL

4444 Lowell Avenue, Glendale, California 91214 Tel: (818) 957-3398

### Scrip Program Release Form

By signing below, I \_\_\_\_\_, authorize  
(Parent's name)

St. Mary's Chamlian Armenian School to release my Scrip Order to my

Child(ren):

Student's name \_\_\_\_\_ Grade \_\_\_\_\_  
(1<sup>st</sup> Child)

Student's name \_\_\_\_\_ Grade \_\_\_\_\_  
(2<sup>nd</sup> Child)

Student's name \_\_\_\_\_ Grade \_\_\_\_\_  
(3<sup>rd</sup> Child)



I, \_\_\_\_\_, choose to pick up my  
(Parent's name)

Scrip order from the school office.

My signature below also releases the school of any liability due to loss once my  
Scrip order has been fulfilled.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date