

**Arrowhead Christian Academy  
Scrip Program**

**WAIVER FOR ORDERS CARRIED BY STUDENTS**

I hereby grant permission for

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Name of Student(s)

To deliver payment for the purchase of scrip to ACA and/or to pick up scrip from the school and bring it home.

I also agree and understand that ACA will not be held accountable for any lost or stolen scrip, which might occur during the transportation of the scrip from school to home.

I entrust the responsibility of the scrip transaction with the student(s) named above and to no other. If by any chance this student is relieved of the task and/or any other student should be assigned, I will notify ACA in writing of these changes.

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Signature of Parent

Date

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Signature of Student(s)