

2023-2024 APPLICATION FOR ACTIVE-CATHOLIC TUITION RATE

Parent First Name:	Family Name:		Parish:	Envelope Number:
Student's Name:	Grade:	(Baptism	1 st Communion	Confirmation)
	Grade:	(Baptism	1 st Communion	Confirmation)
	Grade:	(Baptism	1 st Communion	Confirmation)
	Grade:	(Baptism	1 st Communion	Confirmation)
Having met our obligations as Catholics to well-being of the parish, we ask that we re			• •	_
Family Telephone #:	Emai	l:		
Signature:	Date	:		
*Family must fill out the fields above.				
FOR PASTOR/DELEGATE USE ONLY				
Pastor or Delegate Name:			Date:	
Signature:			Approved: Yes No)