ST. ANN'S ACADEMY
ESTABLISHED 1880

2026-2027 APPLICATION FOR ACTIVE-CATHOLIC TUITION RATE

Parent First Name: _____ Family Name: _____ Parish: _____ Envelope Number: _____

Student's Name: _____ Grade: ____ (Baptism___ 1st Communion___ Confirmation___)

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Having met our obligations as Catholics to regularly attend Sunday Mass and Holy Days of Obligation, as well as to contribute to the well-being of the parish, we ask that we receive the Active-Catholic Rate as our Tuition Rate for the 2025 - 2026 school year.

_____Regularly Attend Sunday Mass (This must be initialled by a parent or guardian.)

Family Telephone #: _____ Email: _____

Parent Signature: _____ Date: _____

*Family must fill out the fields above.

FOR PASTOR/DELEGATE USE ONLY

Pastor/Delegate Name: _____ Date: _____

Signature: _____ Approved: Yes ___ No ___