



Parish Affiliation Form
Family Acknowledgement Form
*Required for Families Seeking the Catholic Tuition Rate**
2024-2025 School Year
Due to your Parish by April 1, 2024

Family Information:

PARISH NAME _____

FAMILY NAME LAST FATHER MOTHER

STREET CITY STATE ZIP

HOME PHONE WORK PHONE CELL PHONE

Name, ages, & grades of children attending St. Helen Catholic School:

1. _____

FIRST NAME AGE GRADE

2. _____

FIRST NAME AGE GRADE

3. _____

FIRST NAME AGE GRADE

4. _____

FIRST NAME AGE GRADE

According to Diocesan policy, there are only **two tuition rates at every Diocesan school: the non-affiliated Catholic/non-Catholic rate and Catholic Parishioner rate. Catholic Parishioner rate is applied only when this **Family Acknowledgement Form** is presented and signed by the Pastor/Administrator.*

SIGNATURE- CATHOLIC PARENT/GUARDIAN _____ DATE _____

PRINT NAMES _____ ENVELOPE NUMBER _____

Pastor's Acknowledgement:

*Parishes without schools will contribute, as support to the school, an amount equal to one half of the Catholic parishioner rate for one child, per each registered, active and supporting **family** with children attending that school. This support does not lessen the Catholic tuition rate for the family (Applies only to grades K-8).*

As Pastor/Administrator of _____ Parish,

_____ I verify that the above-named family are registered, active, and supporting Catholics in my parish.

_____ I do not verify that the above-named family are active, supporting members in my parish.

PASTOR/ADMINISTRATOR SIGNATURE _____ DATE _____