

St. John the Baptist Catholic School

1057 Hughes Rd.
Madison, Al. 35758
Phone: (256) 722-0772
Fax: (256) 722-0151

REQUEST FOR VERIFICATION OF PARISHIONER TUITION RATE

Family Name: _____
Last Name

**PLEASE PRINT ALL
INFORMATION**

Dear Father O'Kennedy,

I am requesting that you verify my status as an active parishioner of St. John's Parish for the purpose of gaining admission to St. John the Baptist Catholic School for my child(ren)(please include child's last name if it is different from the parent):

Child's Name: _____ Grade Next Year: _____ Date of Birth: _____
Child's Name: _____ Grade Next Year: _____ Date of Birth: _____
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Child's Name: _____ Grade Next Year: _____ Date of Birth: _____
Child's Name: _____ Grade Next Year: _____ Date of Birth: _____

I understand that the parish expects my family and me to meet certain expectations of the parish in order to qualify for parish support and to receive a parishioner tuition rate. I understand that Catholic Schools are more effective when they reinforce what is lived out in the home and the worshipping community. I understand these expectations at a minimum to be:

- 1. That my family is registered at the parish.**
- 2. That my family will attend and participate in the masses of the parish on a regular basis.**
- 3. That my family contributes a reasonable amount to the financial support of the parish.**
My Envelope Number Is: _____
- 4. That my family plays an active part in the worshipping community by involvement in parish and school ministries, services and functions.**

Listed below are some of the parish and school related activities with which my family has been recently involved:

I understand that if my family fails to meet these expectations, my child's enrollment priority may be changed to a less favorable status which might as a consequence lead to higher tuition rates or the inability to re-enroll my child in subsequent academic years.

Parent's Signature Date

Office Use Only
Date Rec'd _____ Notif Date _____ Reg Y N Contr Y N Init ___ Com Rec A D Init ___

Verified by Pastor Y N Pastor Signature _____