



*St. John the Baptist Catholic School*

1057 Hughes Road

Madison, AL 35758

Phone: (256)772-0772

Fax: (256)722-0151

**Request for Verification of Parishioner Tuition Rate**

*(Please print all information.)*

Name (of registered adult): \_\_\_\_\_ (last name, first name)

Address of adult requesting parishioner status: \_\_\_\_\_

Dear Father Bryan K. Lowe,

I am requesting that you verify my status as an active parishioner of St. John the Baptist Parish for the purpose of gaining admission to St. John the Baptist Catholic School for my child(ren):

Child's First and Last Name: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's First and Last 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 include the following, at a minimum:

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.**

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

Date Received: \_\_\_\_\_

Office Use Only

Registered: Y N

Contribute: Y N

Verify by Pastor: Y N Pastor Signature: \_\_\_\_\_