



St. Paul Catholic Church

1900 US Highway 72 West
Athens AL, 35611
256-232-4191

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 Tom V. John,

I am requesting that you verify my status as an active parishioner of St. Paul Catholic 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: _____

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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

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Office Use Only

Date Received: _____ Registered: Y N Contribute: Y N

Verify by Pastor: Y N Pastor Signature: _____