



**John Carroll Catholic High School**

3402 Delaware Avenue

Fort Pierce, Florida 34947-6116

772-464-5200 FAX: 772-464-5233

www.johncarrollhigh.com

2010-2011 Family Acknowledgement Form  
(Required for Families Seeking the Catholic Tuition Rate\*)

Parish \_\_\_\_\_

Family Name \_\_\_\_\_  
Last Father Mother

Address \_\_\_\_\_  
Street City State Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Names, ages, grades of children attending John Carroll High School:

1. _____	2. _____
First name age grade	First name age grade
3. _____	4. _____
First name age grade	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

\_\_\_\_\_  
Please print name(s) 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 \_\_\_\_\_ Date: \_\_\_\_\_