



Parish Affiliation Form for John Carroll High School
Family Acknowledgement Form
(Required for Families Seeking the Catholic Tuition Rate)*

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 John Carroll High 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