



FAMILY IN-PARISH AFFILIATION
Notre Dame Parish School
2017-2018 Academic School Year



The family in-parish affiliation form is used to determine if a family/parent/guardian qualifies for the affiliated tuition rate as a registered member of their school's parish. On an annual basis, the family in-parish affiliation form must be submitted by the family and signed by the pastor in order for the family/parent/guardian to receive the affiliated tuition rate. In-parish affiliation is defined as families who are registered members of Notre Dame Parish whose children are enrolled in our parish elementary school for Kindergarten or a higher grade. These families are eligible to receive the affiliated Catholic tuition rate if they meet the following criteria:

- 1) The Family has been registered at Notre Dame Parish for at least six (6) months.
2) The family verifiably contributes, according to their means, on a regular basis to the financial support of the parish.
3) The family attends Mass regularly and is involved in the activities, organizations or programs at the parish.

To be completed by Family/Parent/Guardian

Name _____ Student Name _____ Grade ____
Address _____ Student Name _____ Grade ____
_____ Student Name _____ Grade ____
Phone _____ Student Name _____ Grade ____
_____ Student Name _____ Grade ____

I/We have read and understand the parish affiliation policy and criteria used to determine parish affiliation and qualifying for the affiliated tuition rate. I/We understand that the information provided is subject to verification. If it is determined that I/we do not qualify, I/we will be notified and agree that the tuition rate will be increased to the unaffiliated rate for the school year. I/We understand that all paperwork and associated confirmation of parish affiliation must be on file with the school.

Parent/Guardian Signature _____ Date _____

To be completed by Parish Office

____ This family is eligible to receive the affiliated tuition rate at Notre Dame School

____ This family is not eligible to receive the affiliated tuition rate at Notre Dame School

Pastor Signature _____ Date _____

Comments _____

This form is to be completed on an annual basis.