

**ST. PAUL SCHOOL 2022-2023**

Last Name of Child # 1 \_\_\_\_\_

**Request to the Pastor  
For PARISH ASSISTED RATE**

**PARISH ASSISTED RATE**

Full Name of Child # 1 \_\_\_\_\_ Grade \_\_\_\_

Full Name of Child # 2 \_\_\_\_\_ Grade \_\_\_\_

Full Name of Child # 3 \_\_\_\_\_ Grade \_\_\_\_

Full Name of Child # 4 \_\_\_\_\_ Grade \_\_\_\_

***For the Parish Assisted Tuition Rate:***

As a Parishioner of St. Paul Church, I/we meet the qualifications necessary and would like to apply for the *Parish Assisted Tuition Rate*.

I/we have been officially registered in the Parish for at least 6 months and contribute at least \$350 per year in the budget envelope system.

My/our Budget Envelope Number is \_\_\_\_\_.

I/we understand that FACTS will be notified directly and personally by the Pastor when this tuition request is accepted. I/we have signed and dated this request below...

**SIGNATURES:**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_