



# Application for Active-Catholic Tuition Rate

Family Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Having met our obligations as Catholics to:

- Regularly attend Sunday Mass and Holy Days of Obligation; and
- Contribute to the well-being of the parish;

we ask that we receive the Active-Catholic Rate as our Tuition Rate for the 2026-2027 school year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Pastor or Delegate Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parish: \_\_\_\_\_

Approved: Yes ____ No ____
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