



400 Gleason Ave.
Council Bluffs, IA 51503
Official School Copy

Parish Verification Form

For the 20____ - 20____ school year
(one per family)

Section A: Family Information

Family Name _____

Parish _____

We are not members of one of the supporting Catholic parishes and are aware that we will be charged the non-parish tuition rate.

Section B: Student Information

Student Names

Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

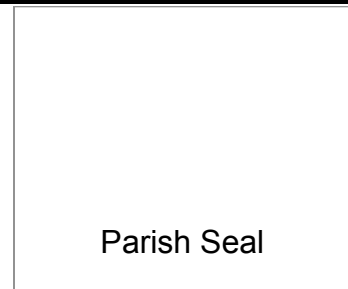
Parent Signature _____

Date _____

Section C: Pastor's Verification

This certifies that the above family qualifies for a tuition rate of:

- Parish Rate
- Non-Parish Rate



Pastor Signature: _____

Date: _____

POLICY ON PARISH & NON-PARISH TUITION

Adopted by the Area Board of Education March 28, 1977

The established tuition for all in-school programs shall be of two types: Member parishes and non-member parishes.

1. To receive the parish member tuition rate, at least one of the student's parents or guardians must be a member of one of the parishes under the Board's jurisdiction. Those parishes are Corpus Christi, St. Columbanus, Holy Rosary, St. Patrick Parish Council Bluffs, St. Patrick Parish Missouri Valley, St. Patrick Parish Neola, and St. Peter Parish. The determining of a parish member shall be at the discretion of the respective pastors through annual Parish Membership Verification.

2. The non-parish rate shall be applied to all other students.

Section D: Parish Rate Qualification (please make an appointment with your pastor to complete this portion)

We thank you for choosing Saint Albert Catholic School for your child's education. As your supporting parish, we will contribute an average of \$3,000 for the Catholic education of each child who attends Saint Albert during the **20**____ - **20**____ school year. We ask that you affirm your commitment to the religious education of your child(ren) by attesting that...

- A. We attend Mass at our parish regularly.
- B. Our children attend Mass at our parish regularly.
- C. Our family is involved in parish ministries and activities.
- D. Our family financially supports our parish.

Parents		Pastor	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent name (please print): _____

Parent Signature: _____

Date: _____

Section E: To Be Completed By Pastor

This certifies that the above family qualifies for a tuition rate of:

- Parish Rate
- Non-Parish Rate

Pastor Signature: _____

Date: _____