



**Saint John the Evangelist School**

1730 W. 12<sup>th</sup> Street

Loveland, Co 80537

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**PARISH AFFILIATION PARENTS' FORM SCHOOL YEAR 2014-15**

**FOR THE PURPOSE OF DETERMINING AFFILIATED/NON-AFFILIATED TUITION RATES**

Parish \_\_\_\_\_ Date \_\_\_\_\_

**Saint John the Evangelist Parish members may return this to the school for processing-** All others please have your Pastor sign and return to our school.

THIS FORM MUST BE SIGNED BY YOUR PASTOR AND RETURNED TO SCHOOL BEFORE  
REGISTRATION CAN BE COMPLETED and the AFFILIATED CATHOLIC TUITION RATE HONORED.

Student's Name 1) \_\_\_\_\_ School Yr. \_\_\_\_\_

2) \_\_\_\_\_ School Yr. \_\_\_\_\_

3) \_\_\_\_\_ School Yr. \_\_\_\_\_

Parents' or Guardians' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

This/these student(s) and their parents are affiliated with this parish community and therefore qualify for the affiliated Catholic tuition rate. The guidelines for being a parishioner are as follows:

- 1) Family has been registered in the parish for six months.
- 2) Family verifiably contributes on a regular basis to the financial support of the parish.
- 3) Family attends Mass regularly and is involved in the activities, organizations or programs at the parish.

PASTOR COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_

PASTOR'S SIGNATURE: \_\_\_\_\_