Saint John School
5 Saint John Square
Middletown, CT 06457

FORM TO REQUEST REDUCED TUITION RATE

To be completed by parent:

Father's Name_____

Address_____

Home Phone_____ Work_____ Cell_____

Mother's Name_____

Address(ifdifferent)_____
Home Phone_____ Work_____ Cell_____

Children attending parochial school(s):

Child	Grade	School
Child	Grade	School
Child	Grade	School

Parishioner of St. John Middletown
The following requirement must be met to qualify for the parish tuition rate:

1. Be registered members of the parish for at least one year.
2. Participate regularly with the parish community at weekly worship.
3. Support the parish by regular use of offertory envelopes.

*Pastor's Signature*_____ Date_____

Parishioner of another parish
To be completed by Pastor:
Our parish will pay a total of_____ to St. John School for the above named members of our parish.

*Pastor's Signature*_____ Date_____