



SAINT PATRICK PARISH

THE CATHOLIC COMMUNITY OF HUDSON, WISCONSIN

FAITH FORMATION

403 St. Croix Street • Hudson, WI 54016

DATE _____

2017-2018 RELIGIOUS EDUCATION FEE WAIVER APPLICATION

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

HOME PHONE _____

WORK PHONE _____

CHILD NAME (first and last)	GRADE	DAY	TIME	CATECHIST
1.				
2.				
3.				
4.				

I(We) am(are) requesting that Saint Patrick Parish waive the tuition fees and any applicable sacramental material fees associated with the initial faith formation of my child(ren) during the 2017-2018 year for the following reasons:

Parent/Guardian Signature

Date

Processor

Date

FOR Previous Year Fees Amount: \$ _____

OFFICE

USE ONLY: Current Year Fees Amount: \$ _____

Total Amount Waived 2017-2018 \$ _____