DATE _____

403 St. Croix Street; Hudson, WI 54016; (715) 386-9209

2010-2011 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 St. Patrick Parish waive the tuition fees and any applicable sacramental material fees associated with the initial faith formation of my child(ren) during the 2010-2011 year for the following reasons:

_____

_____

_____

_____

_____ _____

Parent/Guardian Signature Date Processor Date

……..

FOR OFFICE USE ONLY: Previous Year Fees Amount: $_____

Current Year Fees Amount: $_____ Total Amount Waived 2010-2011 $_____

Copies: Bookkeeping Parent/Guardian