

**SAINT JUDE CATHOLIC SCHOOL**  
**Parish/Family Acknowledgement Form**  
**2018-2019 School Year**  
**Please complete and turn in to your local Parish office**

**Required for families seeking the Catholic Tuition Rate**  
**This form is due by April 6, 2018 to receive Catholic Tuition Rate for July 1, 2018**

Parish \_\_\_\_\_

Family Name \_\_\_\_\_  
Last Father Mother

Address \_\_\_\_\_  
Street City State Zip

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family email address: \_\_\_\_\_  
(Please print clearly)

Please list children attending school:

Student #1 \_\_\_\_\_ Grade # \_\_\_\_\_ Student #2 \_\_\_\_\_ Grade # \_\_\_\_\_

Student #3 \_\_\_\_\_ Grade # \_\_\_\_\_ Student #4 \_\_\_\_\_ Grade # \_\_\_\_\_

*According to Diocesan policy, there are only **two** tuition rates at every Diocesan school: the non-affiliated Catholic/non-Catholic rate and Catholic Parishioner rate. **Catholic Parishioner rate is applied only when this Family Acknowledgement Form is presented and signed by the Pastor/Administrator.***

\_\_\_\_\_  
Signature – Catholic parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please PRINT name

\_\_\_\_\_  
Envelope No.

**Pastor Acknowledgement**

As Pastor of \_\_\_\_\_ Parish

\_\_\_\_\_ I verify that the above named family is registered, active and supporting Catholic in my parish.  
I will contribute to Saint Jude Catholic School according to the Diocesan policy.

\_\_\_\_\_ I do not verify that the above named family is an active, supporting member of my parish.

Pastor/Administrator \_\_\_\_\_

Date \_\_\_\_\_

Please return to: Saint Jude Catholic Church, 21689 Toledo Road, Boca Raton, FL 33433  
Attention: Finance Office, Mr. Lukas Iwanski  
Email Address: liwanski@stjudeboca.org  
Fax: 561-672-7342