



**Saint Joseph Parish Affiliation Confirmation**  
**Year of School Enrollment 2018-2019**

*Please complete the top section of this form and return it to the school office with your registration materials.*

Student's Name(s)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Parent's or Guardian's Names

\_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Parish Affiliation \_\_\_\_\_

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FOR OFFICE USE ONLY

NOTE TO PASTOR:

By signing this form, you are verifying that this family is registered at your parish and in good standing.

To be in good standing, the family must:

- (1) Attend Mass on a regular basis,
- (2) Give of their treasure to the parish by check or envelope, and
- (3) Give of their time and talent to the parish in a volunteer capacity.

Date \_\_\_\_\_ Pastor's Signature \_\_\_\_\_



**FAMILY OUT-OF-PARISH AFFILIATION**  
**Saint Joseph Catholic School    2018-2019 Academic School Year**

The family out-of-parish affiliation form is used to determine if a family/parent/guardian qualifies for the affiliated tuition rate as a registered member of their parish. On an annual basis, the family out-of-parish affiliation form must be submitted by the family and signed by their pastor in order for the family/parent/guardian to receive the affiliated tuition rate. Parish affiliation is defined as families who are registered members of Archdiocese of Denver parishes and whose children are enrolled in an archdiocesan elementary school not in their parish of membership for Kindergarten or a higher grade, or one of the two archdiocesan-operated high schools. These families are eligible to receive the affiliated Catholic tuition rate if they meet the following criteria:

- 1) The family has been registered in the parish for at least six (6) months.
- 2) The family verifiably contributes, according to their means, on a regular basis to the financial support of the parish.
- 3) The family attends weekend Mass regularly and is involved in the activities, organizations or programs at the parish.

Please return to Saint Joseph Catholic School by August 24, 2018 to apply for affiliation discount. Form will then be sent to parish for Pastor's approval and signature.

**To be completed by Family/Parent/Guardian on an annual basis**

I/We are registered parishioners at \_\_\_\_\_ located in \_\_\_\_\_

Name _____	Student Name _____	Grade _____
Address _____	Student Name _____	Grade _____
_____	Student Name _____	Grade _____
Phone _____	Student Name _____	Grade _____
_____	Student Name _____	Grade _____

I/We have read and understand the parish affiliation policy and criteria used to determine parish affiliation and qualifying for the affiliated tuition rate. I/We understand that the information provided is subject to verification. If it is determined that I/we do not qualify, I/we will be notified and agree that the tuition rate will be increased to the unaffiliated rate for the school year. I/We understand that all paperwork and associated confirmation of parish affiliation must be on file with the school on or before September 15.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Parish Office on an annual basis**

- This family is eligible to receive the affiliated tuition rate at <school name>.
- This family is not eligible to receive the affiliated tuition rate at <school name>.

If approved by the pastor, students in grades Kindergarten—12 qualify as Out-of-Parish Affiliated Students (OPAS).

Date \_\_\_\_\_

Comments \_\_\_\_\_  
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