



127 North Howes Street

Fort Collins, Colorado 80521

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Saint Joseph Parish Affiliation Confirmation Year of School Enrollment 2019-2020

If you are registered at Saint Joseph Parish, please complete the top section of this form and return it to the school office with your registration materials by August 19, 2019 to apply for the affiliated discount.

Student's Name(s)

1) _____

2) _____

3) _____

4) _____

Parent's or Guardian's Names _____

Street Address _____

City, State, Zip _____

Telephone _____

Parish Affiliation _____

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 2019-2020 Academic School Year

USE THIS FORM IF YOU ARE REGISTERED AT A PARISH OTHER THAN SAINT JOSEPH

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 form to Saint Joseph Catholic School by August 19, 2019 to apply for affiliated discount. Form will 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 _____ Grade _____

Address _____ Student _____ Grade _____

_____ Student _____ Grade _____

Phone _____ Student _____ 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 August 19, 2019.

Parent/Guardian Signature _____ Date _____

- This family is eligible to receive the affiliated tuition rate at Saint Joseph Catholic School.
□ This family is not eligible to receive the affiliated tuition rate at Saint Joseph Catholic School.

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

Pastor Signature _____ Date _____

Comments _____

It is the responsibility of the local-level principal, pastor and business manager to determine the internal process to track and validate "in-parish" affiliation. The Family Out-of-Parish Affiliation form is used to track and validate out-of-parish family affiliation only.