



Name of Parents: _____

Name of Student/s: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

As registered, active, and participating members of _____ -
Parish in the Diocese of Phoenix, we are requesting the Catholic tuition discount rate for our child/children
who will be attending Our Lady of Perpetual Help Catholic School for the 2024-2025 school year.

Parent/Guardian Signature Date

The family is responsible for returning this form to Our Lady of Perpetual Help Catholic School.

Parish Verification:
This family is a registered, active, and participating member of our parish.

Pastor Signature Date Parish Stamp

Please return this signed form to the requesting family for submission to Our Lady of Perpetual Help Catholic School. Thank you.