

Notre Dame Parish
Religious Education Program
Tuition Assistance

Please complete this form and return to the CYFF at the parish office for approval.

Name: _____

Address: _____

Phone: _____

Student Information (Tuition amount including sacramental fees):

Name: _____

Grade: _____

Tuition Amount: _____

Name: _____

Grade: _____

Tuition Amount: _____

Name: _____

Grade: _____

Tuition Amount: _____

Name: _____

Grade: _____

Tuition Amount: _____

This information will be kept confidential.

Total tuition: _____

Amount you are able to pay: _____

Payment Plan: Weekly ____ Monthly ____ Total ____ Other _____

Tuition Assistance Requested: _____

Parent Signature: _____

CYFF Signature: _____ **Date Approved:** _____