



SOUTHERN TIER CATHOLIC SCHOOL ARCHBISHOP WALSH ACADEMY

208 North 24th Street Olean, New York 14760 Phone (716) 372-8122 Fax (716) 372-6707



Parishioner Affiliation Form for the 2018-2019 School Year **Required for Catholic Discount K-8*

To be completed by family and signed by the pastor—**PLEASE PRINT**

***Due with enrollment package**

Parishioner Name: _____
Parent #1 – First Name, Last Name
Parent #2 – First Name, Last Name

Address: _____

_____ City _____ State _____ Zip _____

Phone: _____ Email: _____

We are registered parishioners of: _____ Parish Name _____ City _____ Pastor: _____

Our child(ren) is/are enrolled at: _____ School Name _____ City _____ Principal: _____

Child #1: _____ Grade: _____

Child #2: _____ Grade: _____

Child #3: _____ Grade: _____

Child #4: _____ Grade: _____

Our family is dedicated to the faith formation of our child(ren). We attend Mass and support our parish financially and through involvement in parish activities and ministries. I understand that parish affiliation allows each of my K-8 children a \$1000 tuition discount.

_____ Parent Signature _____ Date _____

_____ Parent Signature _____ Date _____

**** To Be Completed by Parish***

The family is registered with our parish and meets the eligibility criteria for Parishioner Discount.

_____ Pastor Signature _____ Date _____



