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 2019-2020 School Year **Required for Catholic Discount K-8*

To be completed by family —**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: _____Pastor:_____
Parish Name City

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

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

**The Admissions Office will contact the parish to verify that your family meets the eligibility criteria for Parishioner Discount.*