



FAMILY PARISH AFFILIATION
Assumption Catholic School
2024-2025 Academic School Year



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 Mass regularly and is involved in the activities, organizations, or programs at the parish.

To be completed by Family/Parent/Guardian

I/We are registered parishioners at \_\_\_\_\_ located in \_\_\_\_\_.

Name \_\_\_\_\_ Student Name \_\_\_\_\_ Grade \_\_\_\_\_
Address \_\_\_\_\_ Student Name \_\_\_\_\_ Grade \_\_\_\_\_
Phone \_\_\_\_\_ Student Name \_\_\_\_\_ Grade \_\_\_\_\_
Student Name \_\_\_\_\_ 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 September 1.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Parish Office

- [ ] This family is eligible to receive the affiliated tuition rate at Assumption Catholic School
[ ] This family is not eligible to receive the affiliated tuition rate at Assumption Catholic School

Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

This form is to be completed on an annual basis. Refer to Policy # 5010—Tuition in the AoDCS Administrator’s Manual.