

NATIVITY OF OUR LORD FAITH FORMATION

ORCHARD PARK, NY 14127

Phone: 662-2169

TUITION/FEE WAIVER REQUEST FORM

(Confidential statement completed by parent or guardian)

Parent's/ Guardian's Information - Please return by August 15, 2011

Last Name: _____
(Please print)

Mother: _____ Father: _____

Address: _____

Zip Code: _____ Home Phone: _____ Email: _____

Place of Employment:

Father: _____ Work Phone: _____

Mother: _____ Work Phone: _____

Are you involved in any parish volunteer service? _____ Please specify _____
If not, how/when are you willing to participate? _____

Information for all Dependent Children (If you need additional space, please use separate sheet of paper)

Name	Age	Living with You	Session(s) or Event and Fee(s)
1. _____	_____	YES NO	_____
2. _____	_____	YES NO	_____
3. _____	_____	YES NO	_____
4. _____	_____	YES NO	_____

Reason for Request: _____

Amount of Request

	Partial Waiver	Full Waiver	
Faith Formation Registration	\$ _____	\$ _____	
First Reconciliation	\$ _____	\$ _____	
First Eucharist	\$ _____	\$ _____	
Confirmation	\$ _____	\$ _____	
Life Teen/Edge	\$ _____	\$ _____	
Event/Activities	\$ _____	\$ _____	_____
			(Name of event)
<u>TOTAL AMOUNT</u>	<u>\$ _____</u>	<u>\$ _____</u>	

I BELIEVE THE INFORMATION ON THIS FORM TO BE COMPLETE AND ACCURATE

Signature of parent/guardian: _____ Date: _____

Signature of Director/Coordinator _____ Date: _____