



**Catholic Parish Affiliation Form | 2024-2025**  
**Catholic Tuition Rate**

The Catholic rate of tuition is offered as a benefit to those families who are considered active Catholics. We strongly encourage families wanting to nurture their own faith as well as impress upon their children the importance of faith, to attend Mass regularly and contribute to the life of their parish through the sacrifice of time, talent, and treasure. The purpose of the Catholic Parish Affiliation form is to ensure that we are being careful stewards of the gifts coming from our parish or a neighboring parish. If you recently relocated to the area, you must submit this form or a letter from your current pastor to be eligible for the Catholic Tuition Rate. You will return the completed form with your enrollment paperwork. The Catholic transfer status will be valid for a six-month period after the start of school. After that time, a new Parish Affiliation Form must be submitted for St. Catherine of Siena or another Diocese of Raleigh parish.

Family Name	Students Name	Grade Level 2024-2025

Thank you for answering the following questions:	Yes	No	Additional Info
Our family is registered at St. Catherine of Siena Catholic Church? If not, please indicate your home church: If you recently moved to the area, indicate your previous parish:			
Our family makes regular contributions to our registered parish through envelopes or WeShare for SCS/electronic giving?			
Our family attends mass weekly?			
Our family made a pledge to the Bishops Annual Appeal?			
Members of our family actively participate in parish apostolates. If yes, please indicate which ministries under additional info. <i>Ministries:</i> <i>Liturgical: Altar Reader, Usher, Choir, Eucharistic Minister</i> <i>Teaching: Catechist, Youth Ministry, Bible Study</i> <i>Prayer: Adoration, Legion of Mary, Teams of Our Lady, Truth Men's Group, Daily Mass</i> <i>Service: Knights of Columbus, Brown Bag, Op Harvest, Comfort Committee, Camillus</i> <i>Governance: Parish or Finance Council, SAC</i> <i>School: HSA Board or Member, Room Parent, Lunch Volunteer</i>			
Please provide any additional information that would support a request of Catholic Tuition rate for your family:			

By signing below, I certify that the above information is accurate to the best of my knowledge.



**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If other than St. Catherine of Siena Catholic Parish:*

**Parish Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Office use: Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_ CTR: YES/NO