



SHRINE OF ST. ANNE PARISH

7555 GRANT PLACE

ARVADA, CO 80002

(303) 420-1280

FAX (303) 420-1341

PARISH AFFILIATION FORM FOR SCHOOL YEAR 2024-2025

PART I...to be filled out by parent.

Parish _____

- If you are **applying** for **tuition** assistance (Variable Tuition), you must complete this form and have it signed by your pastor or his representative. Bring it to the school office.
- If you qualify for the tuition rate for **AFFILIATED CATHOLIC FAMILIES**, you must complete this for in and have it signed by your pastor or his representative. (This includes Shrine of St. Anne Parish) Bring the signed form to registration.

Name of Student _____ Grade Entering _____

Name of Student _____ Grade Entering _____

Name of Student _____ Grade Entering _____

Name of Student _____ Grade Entering _____

Parent or Guardian Name: _____

Address: _____

Telephone: _____

Part II...to be filled out by the pastor' or his representative.

This/these student(s) and their' parents are affiliated with this parish community and therefore, qualify for the affiliated Catholic tuition rate. The guidelines define criteria for' being a parishioner as follows:

- 1) Family has been registered in the parish for six months.
- 2) Family verifiably contributes on a regular basis to the financial support of the parish.
- 3) Family attends Mass regularly and is involved in the activities, organizations or' programs at the parish.

Date: _____ Pastor's Signature: _____



Shrine of St. Anne Parish Affiliation Addendum

This form is REQUIRED in addition to the Parish Affiliation Form. Please turn this in, completed, with your Parish Affiliation Form in order for Father Sean to consider when signing off on Affiliation.

1. On the lines below, please list all of the Shrine of St. Anne Parish ministries with which you are involved (not school activities):

2. Please attach a family photo here to assist Father Sean: