



17500 W. Gebhardt Rd. Brookfield, WI 53045 262-796-3942 www.stjohnv.org

Office of the Pastor
Rev. Edwin Kornath
(262) 796-3940

Office of the Principal
Brian Shimon
(262)796-3942

Parish School Tuition Financial Assistance School Year: 2018-2019

Family: (Last Name) _____

Parent: (or Guardian) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____

Work: _____

Number of Children who will be attending St. John Vianney School: _____

Name: _____ (Last if Different) _____ Grade: _____

Name: _____ (Last if Different) _____ Grade: _____

Name: _____ (Last if Different) _____ Grade: _____

Name: _____ (Last if Different) _____ Grade: _____

Name: _____ (Last if Different) _____ Grade: _____

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Registered Parishioners	Cost to Educate	Parish Subsidy	Amount Parents are Responsible For	Registration Fee (The portion of tuition prepaid November 2017)	Remaining Tuition (See payment options below)	School Fees Due 6/1/18 Includes Home & School Dues, Playground Fee, Student Activity fee	Check the Box That Applies
1 Child	\$6,705	\$2,744	\$3,961	\$150.00	\$3,811	\$170	
2 Children	\$13,410	\$6,501	\$6,909	\$225.00	\$6,684	\$220	
3 Children	\$20,115	\$10,610	\$9,505	\$300.00	\$9,205	\$270	
4 Children	\$26,820	\$15,492	\$11,328	\$375.00	\$10,953	\$320	
5 Children	\$33,525	\$21,248	\$12,277	\$450.00	\$11,827	\$370	

- A. TOTAL TUITION DUE: _____ (See Column 6)
- B. Total amount of yearly tuition you feel that you can pay: _____
- C. Parish Subsidy: < _____ > May not exceed 1/2 of amount on line A

- You must include a copy of your federal income tax return from the previous year.
- You must include a letter explaining any special financial situation that influences your financial need.

AGREEMENT & CONDITIONS:

1. Since I/We the parent(s) in seeking the spiritual well being of my/our child(ren) agree to attend with my/our child (ren) weekly liturgy at St. John Vianney.
2. I/We agree to pay and to be legally held responsible for the stated amount in this contract; as well as all other book fees and other fees.
 Stated amount: _____ per year/per month
3. I/We agree to notify the Review Committee in writing, within thirty days of a change in my/our family's financial situation.
4. I/We agree to present a copy of my/our latest federal income filing.
5. I further agree to reimburse St. John Vianney Parish the amount of the parish subsidy paid by the parish for my/our failure to meet the above conditions if the parish so requests me/us in writing.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Pastor Signature: _____ Date: _____

President Signature: _____ Date: _____

Please return to school office by the tuition contract deadline.

St. John Vianney School admits students of any race, color and national or ethnic origin.