



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: 2019-2020

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 2018)	Remaining Tuition (See payment options below)	School Fees Due 6/1/19 – Includes Home & School Dues, Playground Fee, Student Activity Fee *	Check the Box That Applies
1 Child	\$6,944	\$2,785	\$4,159	\$150	\$4,009	\$180	
2 Children	\$13,888	\$6,634	\$7,254	\$225	\$7,029	\$230	
3 Children	\$20,832	\$10,852	\$9,980	\$300	\$9,680	\$280	
4 Children	\$27,776	\$15,881	\$11,895	\$375	\$11,520	\$330	
5 Children	\$34,720	\$21,830	\$12,890	\$450	\$12,440	\$380	

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.