



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: 2020-2021

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 2019) | Remaining Tuition | School Fees Due 6/20/20 – Includes Home & School Dues, Playground Fee, Student Activity Fee, *K3, K4, K5 Snack Fee is separate | Check the Box That Applies |
|-------------------------|-----------------|----------------|------------------------------------|---|-------------------|--|----------------------------|
| 1 Child | \$7,293 | \$3,134 | \$4,159 | \$150 | \$4,009 | \$180 | |
| 2 Children | \$14,587 | \$7,333 | \$7,254 | \$225 | \$7,029 | \$230 | |
| 3 Children | \$21,880 | \$11,900 | \$9,980 | \$300 | \$9,680 | \$280 | |
| 4 Children | \$29,173 | \$17,278 | \$11,895 | \$375 | \$11,520 | \$330 | |
| 5 Children | \$36,467 | \$23,577 | \$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: _____

Principal 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.