**St. Timothy Catholic School**

**Signature Sheet**

Families, please choose and sign either option 1 or 2.

**Option 1:**

St. Timothy Parish Participating Member

I understand that St. Timothy parents/guardians whose children attend St. Timothy Catholic School are required to pay tuition. I agree to pay tuition through the tuition management company chosen by the parish, and to attend mass at least twice a month. I understand I am required to put in an envelope in the collection basket twice per month. If I cannot keep this policy due to financial hardship, I should contact St. Timothy School immediately. I also understand that I should donate my time and or talents for the benefit of the parish and school.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS CITY ZIP CODE

St. Timothy Member ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

OR

**Option 2:**

Out of Parish Community Member

I understand that Out of Parish Families whose children attend St. Timothy Catholic School are required to pay tuition. I agree to pay tuition either in full in advance or through the tuition management company chosen by the parish.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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