

# SUPPORTED STUDENT FORM

A parent or guardian must complete this form and have it signed by the Pastor, and **returned to the school**. The timely completion of this form will enable the student(s) to receive the supported tuition rate for the next school year. The parish seal must be on this form.

**School:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Hand Deliver or Mail to:**

**St. Francis of Assisi School**  
9 St. Francis Way  
Litchfield, NH 03052

**Parish:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Name of Parent/  
Guardian:** \_\_\_\_\_

**Parent/Guardian  
Address:** \_\_\_\_\_

**Parent/Guardian  
Phone Number:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

<b>Student(s):</b> _____	<b>Grade:</b> _____
_____	<b>Grade:</b> _____
_____	<b>Grade:</b> _____
_____	<b>Grade:</b> _____

**Parent/Guardian  
Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This is to confirm that the above signed meet all three of the minimum Diocesan Support Criteria which include:**

- 1. registration in a parish or mission;**
- 2. contributor of record in a parish or mission;**
- 3. active participation in the life of a parish or mission.**

**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please include the parish seal on this form.