

**Notre Dame School
FINANCIAL ASSISTANCE REQUEST**

Please fill out this form to request financial assistance for your children's tuition or other school fees. Please return the completed form to the School Council. Someone from School Council will contact you to arrange a meeting to discuss your request.

Family Name: _____ Home Phone/Cell Phone: _____

Address: _____

Children's Names	Grades

Reason(s) for the request:

How much can you afford to pay each month?	\$
Net income of both parents from previous year's tax return submission. <i>Please attach copies for both parents. Copies will be destroyed after your request has been considered.</i>	\$

I am committed to provide the stated portion of tuition to meet my financial obligation.

Parent/Guardian name (please print)

Parent/Guardian name (please print)

Signature

Signature

Date

Date

Office use only		
Date of approval:	School Council Representative Name:	Signature: