



*Grounded in Faith. Focused on the Future*

Phone (410)272-1387  
Fax (410)272-1959  
school@stjoanarc.org

**Catholic Tuition Discount Form**

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) of Children Enrolled in St. Joan of Arc School for the 2024 - 2025 School Year:

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

Please complete the following:

I am an active and registered member of St. Joan of Arc Church.

I am a newly registered member of St. Joan of Arc Parish or another Archdiocesan Catholic parish

Date joined \_\_\_\_\_

Parish name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

I am an active and registered member at another Archdiocesan Catholic Church.

Parish name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

In order to qualify for the Catholic discount on tuition, please submit this form. Information supplied on this form is subject to verification through Parish records.