



PARISH VOUCHER

This is to certify that _____
Name(s) of student(s)

is a registered member of _____
Name of Parish

located in _____
City

As Pastor, I agree to contribute the amount of \$ _____ toward the
tuition of _____, students enrolled at St. Stanislaus
Student(s) name(s)

School for 2024-2025 school year.

Pastor's Signature _____ **Date** _____

2024-2025 TUITION

One Child.....	\$4,940.00
Two Children.....	\$9,450.00
Three children.....	\$13,960.00
Four or more children.....	\$18,470.00

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