



St. Simon PARISH SUPPORT VALIDATION FORM

Family Requesting Parishioner Tuition Rate: _____

Address: _____ City: _____

Phone: _____ Email: _____

Student Name: _____ Grade in 26-27: _____

Student Name: _____ Grade in 26-27: _____

Student Name: _____ Grade in 26-27: _____

Student Name: _____ Grade in 26-27: _____

By signing this form, I am accepting responsibility for being an active member of this parish through regular participation at worship and the stewardship of my time, talent, and treasure. If parish support is granted, I understand that I will be responsible to pay the parishioner rate of tuition to Ludington Area Catholic School where my child/ren is/are in attendance.

Signature: _____ Envelope #: _____

Parish Use Only:

St. Simon Parish will provide support to LAC School for the Catholic education of our parishioner students (K-12) enrolled at LAC in 2026-2027 and allowing this family a 'parishioner' tuition rate.

_____ APPROVED _____ NOT APPROVED (Reason: _____)

Pastor/Designee Signature: _____ Date: _____

YOU must submit this form to the St. Simon parish office. It will then be forwarded to the principal once approved (parishioner rate allowed) or declined (non-parishioner rate to be applied to tuition)