



St. Vincent DePaul Catholic School

4321 Espy Avenue 228-222-6000 228-222-6003 (fax)
Long Beach, MS 39560 www.svdpcatholicsschool.org

Parish Subsidy Form

Please fill out and sign this form and return it with your child's registration form/fee. This form must have your pastor signature for submission.

Being Catholic Christians, we are called to recognize our responsibility toward the practice of stewardship. As we recognize and receive the gifts of God with appreciation, we are also called to develop these gifts conscientiously while sharing them generously and sacrificially with others.

Mother's Name: _____

Father's Name: _____

Date: _____

Please list all children enrolled at SVS who are members of your household for the upcoming School Year:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

____ I understand the parish's Policy on Stewardship and Catholic Education.

____ I am committed to my family's participation at Sunday Mass every weekend.

____ I am committed to my family giving service, through our time and talent, to the parish.

____ I am committed to sharing financially to the parish.

____ I understand that to receive the active parishioner tuition rate from St. Vincent DePaul School, I must complete this form and submit it with my registration form/fee.

Father's Signature: _____

Mother's Signature: _____

On behalf of the parish community, I gratefully acknowledge your family's commitment to the stewardship way of life. I acknowledge the parish's obligation to nurture you and your family in the practice of the faith so that together we may build the Kingdom of God on earth and spend eternity with God in heaven.

Pastor's Signature: _____

Parish: _____ Date: _____

****DEADLINE FOR SUBMISSION OF THIS FORM TO SCHOOL IS APRIL 1st****