

**2017-2018 Saint Ambrose School In-Parish Discount Request Form**

**Student(s) Name(s):** \_\_\_\_\_

**Based on our Sunday Mass attendance as evidenced by my use of offertory envelopes  
I believe I am eligible for the Catholic discount.**

**Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parish Office Confirmation of Eligibility:** *Parish Seal*

**Date:** \_\_\_\_\_

**Parish Name:** \_\_\_\_\_ **Parish Pastor's Signature:** \_\_\_\_\_  
(If other than St. Ambrose)