



THE TEMPLE RELIGIOUS SCHOOL
TUITION REDUCTION REQUEST FORM
2018-2019



Name: _____ Member ID: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Student Name: _____ Religious School Grade: _____

Student Name: _____ Religious School Grade: _____

Student Name: _____ Religious School Grade: _____

Grade 4-7 Tuition: \$ 730 per child Proposed Reduced Tuition (per child): \$ _____

All Other Grades Tuition (K,1,2,3,8): \$ 345 per child Proposed Reduced Tuition (per child): \$ _____

Please explain, in detail, the financial reasons to support your request for a tuition reduction. Attach any supporting documents you would like The Temple Dues Chair Person to consider:

Multiple horizontal lines for writing the explanation and attaching documents.

Member Signature: _____

Date: _____

Dues Committee Recommendation _____
Date: _____