Lexington Catholic High School
2025-2026 Parish Verification Covenant

We are committed to providing the most affordable Catholic secondary school education possible. **EVERY YEAR**, the parish verification process is required to receive the Catholic Parishioner tuition rate. This support includes an annual $500 tuition stipend paid to Lexington Catholic by your parish.

This form **MUST** be turned into your Roman Catholic Diocese of Lexington Parish Office ***no later than April 15, 2025***. Families who submit this form to their Parish ***after April 15***, are ineligible for the Catholic tuition rate.

Our parishes of the Roman Catholic Diocese of Lexington have adopted this covenant to confirm your family's consistent presence and participation in your parish.

Parent Commitment: By signing this covenant, I am confirming my family's prayerful commitment to my parish as a practicing Catholic in the following ways. **Please check each box to affirm**

- ☐ Know and live the tenets of the Catholic faith, including daily prayer
- ☐ Support the continued Catholic Faith formation of my child
- ☐ Regular attendance at Mass on Sundays and Holy Days of Obligation, as evidenced by my actual presence at Mass and my recordable financial support to the parish
- ☐ Fulfilling my parish commitments in a completed yearly Time and Talent form

Parent Name (Print): _____ **Home Address:** _____

_____

Phone number: _____ **City, State, Zip:** _____

Email: _____ **Parish:** _____

Parent Signature: _____ **Date:** _____

Student Commitment: By signing this covenant, I am confirming my commitment to practice my Catholic faith and participate in my parish as described. **Please check each box to affirm.**

- ☐ Know and live the tenets of the Catholic faith, including daily prayer
- ☐ Regular attendance at Sunday Mass and Holy Days of Obligation
- ☐ Participation in parish youth-oriented groups and programs
- ☐ Contributing a minimum of five hours of service to my parish

Student Name (Print): _____

Student Signature: _____ **Date:** _____

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This is to certify that the above family is a registered member of this parish and to the best of my knowledge has completed the above duties and responsibilities of a faithful Catholic.

Authorized Parish Representative Name and Title (Print): _____

Authorized Parish Representative Signature: _____ **Date:** _____

PLEASE CHECK ONE:

_____Family is "Fully Verified"

The Parish will pay $500 per student subsidy to LCHS

_____Family is "Provisional" or "Late Verified"

The Parish confirms the family's consistent presence and participation but will not pay the $500 per student subsidy to LCHS