St. Joseph Parish School

310 2nd Street
Baraboo, WI 53913
608-356-3083
www.stjosephbaraboo.org

Request for Tuition Assistance

Name:_____

Date:_____

Reason for Request:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

We will contact you for a private meeting. Please return this form in a sealed envelope addressed to Dr. Lowe.