



# St. John of God School

Faith Stewardship Excellence

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## Financial Assistance Request Form

Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

**REQUEST FOR REDUCTION IN:**    ☐ **TUITION**                      ☐ **FUNDRAISING**                      ☐ **SERVICE HRS**

Requested Reduction: \_\_\_\_\_

Beginning on (may be date in the past): \_\_\_\_\_

CEF Application on file with school front office:    ☐ Yes                      ☐ No

Reason for Request:

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\_\_\_\_\_  
**Parent Signature**

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

*Developing the Whole Child:  
Body, Mind, and Spirit*