Office of Religious Education
400 Nilles Road, Fairfield, OH 45014

2026-2027 RELIGIOUS EDUCATION PROGRAM (REP)

Fee Waiver- Adjustment Request

OFFICE USE ONLY: ID #
Total Fees Due:
Total amount waived:
Adjusted Balance Due:
Payment Arrangement:
Adjusted fee posted to registration form:

Date:_____

Volunteer's Name:_____

Address:_____

_____

Phone:_____

I hereby request the following: (check all that apply & write explanation on back of form)

- ☐ Waiver of REP fees for this school year (see explanation on reverse side.)
- ☐ Request for payment arrangements (see explanation on reverse side.)

ONLY **ONE** OF THE FOLLOWING THREE DISCOUNTS MAY BE USED PER FAMILY:

- ☐ CATECHIST special rate of $20 COST per student for first 2 students and $5 for each additional.
  (Tuition will be pro-rated for Catechist who withdraw from program before end of year.)
- ☐ Adult Catechist AIDE special DISCOUNT of $15 per student for REP.
  (Catechist AIDE must assist a min. of 14 classes to qualify or tuition will be pro-rated accordingly.)
- ☐ Adult Office Helper special DISCOUNT of $15 total for REP Monday nights.
  (Office Helper must assist a min. of 14 Mondays to qualify or tuition will be pro-rated accordingly.)

I agree to volunteer for: (check all that apply)

- ☐ REP check one (____Catechist, ____Aide, _____Office Helper)
- ☐ Monday night REP classroom runner (Pickup lesson plans; make copies & deliver to classes)
- ☐ Monday night REP office aide (Making copies, filing, stuff packets, etc.)
- ☐ Faith Formation Office GENERAL HELP DURING WEEK:
  (Making copies, filing, seasonal events, etc.)
  Weekly/Bi-Weekly - days available_____
  Monthly - availability_____
- ☐ Sacramental Programs (Put packets together, check-in candidates at events, etc.)
- ☐ SORRY, I CANNOT AGREE to help at this time but would appreciate the waiver/adjustment as requested above and explained on reverse side.

Signature of applicant:_____

~~~~~~~~~~~~~~~~~~~~~~~~~~DO NOT WRITE BELOW THIS LINE~~~~~~~~~~~~~~~~~~~~~~~~~~

Payment Arrangements agreed to as stated in above box.

Approved by:_____Date_____
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Please provide a DETAILED explanation of circumstances: (add another sheet of paper if necessary)

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DRE/Office Notes:
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