

WTPSPA



West Toledo Parochial School Parents Association

Current family referral form:

Current family name: _____

Current family account #: _____

Current family school: _____

New family name: _____

New family address: _____

New family phone: _____

New family e-mail: _____@_____

New family school: _____

THE NEW FAMILY HAS READ, DOES UNDERSTAND AND WILL ABIDE BY THE **GENERAL POLICIES** OF THE WTPSPA TUITION ASSISTANCE INCENTIVE PROGRAM. THE NEW FAMILY FURTHER UNDERSTANDS THAT E-MAIL IS THE OFFICIAL COMMUNICATION METHOD OF THE WTPSA AND THAT NOTICES, PROCEDURES, POLICIES AND DATES WILL BE DISTRIBUTED FROM THE E-MAIL ADDRESS wtpspa@gmail.com. THE NEW FAMILY ALSO UNDERSTANDS THAT BY REGISTERING THROUGH THE USE OF THIS FORM CONSTITUTES A DIGITAL SIGNATURE ON HIS/HER PART.

New family signature: _____

Date: _____

Complete, sign, scan and e-mail to wtpspa@gmail.com or snail mail to WTPSPA 2828 West Central #8, Toledo, OH 43606 or drop it off at that same address in the black drop box outside the back door.

