



# PARISH PARTICIPATION VOUCHER

The Mecklenburg Area Catholic Schools (MACS) Parish Subsidy Program provides assistance to qualified participating Catholic parishioners with children attending MACS.

### PARTICIPATION POLICY

Each family expecting to receive the participating Catholic tuition rate must complete this form, have the pastor’s signature, and return the form to the MACS Business Office. Each family will be a:

- New family applicant or current family attending MACS
- Registered member of a Mecklenburg Area Catholic Parish
- Participating\* member of a Mecklenburg Area Catholic Parish – St. Gabriel Catholic Church parishioners visit: <https://stgabrielchurch.org/macs-tuition-policy> for further information
- Relocation: families relocating to the Charlotte area may have their current parish complete the form. You will then be classified as ‘Catholic Transfer’ and provided the participating Catholic tuition rate. The status is valid for six months. After six months, a voucher from a Mecklenburg area Catholic parish is required.

*\*Participation status may vary by parish, and it is verified annually between the MACS Business Office and the respective parish. Unless the status changes, a family does NOT have to submit a MACS Parish Participation Voucher each year. A notification of change will be mailed if necessary, which may require a new voucher submission.*

FAMILY INFORMATION (To be completed by the family)		
Family Name:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Student Name:	School:	
Student Name:	School:	
Student Name:	School:	
<i>Please select one:</i>		
<input type="checkbox"/> Current Family <input type="checkbox"/> New Family <input type="checkbox"/> Catholic Transfer (Relocations only)		
Parent/Guardian Signature: _____ Date: _____		

PARISH INFORMATION (To be completed by the parish)	
Parish Name:	Pastor Name:
Parish City:	Parish State:
<i>I certify, as pastor of this parish, that the listed parent(s) and student(s) are registered and actively participating parishioners as of this date: _____ / _____ / _____.</i>	
Pastor Signature: _____ Date: _____	

**Return to:**  
MACS Business Office  
1123 S. Church Street  
Charlotte, NC 28203

Email: [macsbilling@rcdoc.org](mailto:macsbilling@rcdoc.org)

Fax: (704) 370-3272