

SCHOOL YEAR: 2025-2026 ARCHDIOCESE OF MILWAUKEE EMPLOYEE TUITION REDUCTION APPLICATION

STUDENT NAME:			GRAD YR:			
ADDRESS:						
ADDRESS:(Street)	(City)	((State)		(Zip)	
NAME OF ARCHDIOCESE EMPLOYEE:						
RELATIONSHIP TO STUDENT(S): (circle one)	Mother	Father		Legal G	Guardian	
HOME PHONE:	WOR	K PHONE:				
PARISH OR SCHOOL WHERE EMPLOYED:						
PARISH/SCHOOL ADDRESS:(Street)		(0)		(0)		
,		(City)		(State)	, ,	
JOB TITLE/POSITION		DATE OF	HIRE*:_			
Full-time employee						
Part-time Employee	How many hou	ırs per week	are you	workin	g?	
*Must have been employed a minimum of one fu	ıll year to be eli	gible for this t	tuition r	eduction	program.	
Check One:						
☐ Total annual household income is g	reater than S	550.000				
☐ Total annual household income is le	•	•				
EM	DI OVEDIC	ALITHOR	17 ATI	ON		
I hereby acknowledge that all job-rela	PLOYER'S				accurate, and	that
Thereby details wiedge that all jes rela			ч ррпсч		iccar aco, arre	crac
is	s an employee				 	
		(Paris	h/Scho	ol Name	e)	
and is part of the Archdiocese of Milw	vaukee.					
Signed:		Date	:			

Return Form by scan/email to: admissions@piusxi.org

Or mail to:

Pius XI Catholic High School Attn: Office of Admissions 135 N. 76th St. Milwaukee, WI 53213