

BISHOP LUERS HIGH SCHOOL

SCHOOL AND CHANCERY EMPLOYEE INFORMATION

Form Required for Tuition Reduction Credit – Policy P3350

**Return this form to the BLHS Business Office no later than July 15th
(after current year contract/employment agreement has been signed)**

Teachers and Other School Employees

I am a Teacher/Staff member in a Diocesan School.

Teacher/Staff Name: _____

BLHS Student Name(s): _____

Name of Diocesan School Employed at: _____

Position: _____ Full / Part Time (circle one)

Chancery Office Employees

I am a Chancery Office Employee.

Employee Name: _____

BLHS Student Name(s): _____

Chancery Office Employed at: _____

Position: _____ Full / Part Time (circle one)

Supervisor/Principal/Pastor Signature(s) _____

Date _____

Employee Signature: _____ Date _____

