

**COMPACT FOR VERMILION COUNTY VICARIATE PARISHES  
AND FAMILIES ENROLLING IN SCHLARMAN ACADEMY**

The mission of our parishes is about bringing the life-changing Gospel of Jesus Christ to the lives of our people. As a registered member of my parish, I am glad to be a part of its mission and the mission of Schlarman Academy:

*Schlarman Academy is a faith-based, preschool-through-high-school educational community that promotes spiritual, intellectual, physical, and moral development in a dynamic climate of academic excellence centered on Christian values and the Catholic tradition.*

As a parent/guardian I acknowledge that I am my child's primary educator. I further understand that my child(ren)'s teachers at school are dedicated professionals who make sacrifices to teach in a Catholic school. In order to demonstrate my full support and cooperation, and to guide my children in the footsteps of Jesus Christ, **I agree to do the following:**

1. Attend Mass every Saturday evening/Sunday and Holy Day of Obligation so that I am growing in my faith, trust and devotion to Jesus Christ and His Church.
2. Support the school and/or parish ministries with 20 hours or more of Fair Share volunteer time (per family).
3. Support the ministry of the parish in which I am registered with generous giving as a percentage of my income.

**I realize that I may qualify for the following from my Parish and Schlarman Academy:**

1. Financial support for Catholic school education through parishioner offerings.
2. Excellent education grounded in sacred scripture and Catholic tradition and teaching.
3. Authentic worship in the Catholic tradition through which I can be strengthened in living out my faith.
4. A safe environment that is conducive to learning.
5. Support and assistance from teachers, administrators, priests and ministry staff in raising my children to be good students, good citizens and good disciples of Jesus Christ.

**TURN PAGE OVER TO SIGN**

**I understand that if I do not fulfill the promises I make in this compact,**

\_\_\_\_\_ **is not committed to provide financial assistance to my**  
Name of parish where registered **family.**

Signed \_\_\_\_\_  
Parent/Guardian Signature Date

Signed \_\_\_\_\_  
Parent/Guardian Signature Date

**PRINT family name here:** \_\_\_\_\_

Student name \_\_\_\_\_  
Last First Date

Student name \_\_\_\_\_  
Last First Date

Student name \_\_\_\_\_  
Last First Date

Student name \_\_\_\_\_  
Last First Date

Student name \_\_\_\_\_  
Last First Date

**Please return this form to the School Office by (date).**

**\* A copy of your signed compact will be forwarded to the parish in which your family is registered to help assure your good standing in the parish.**