

Supplementary Financial Information (SFI) Form

Name of Student 1: _____

New Student Returning Student First Time Applicant Renewal Applicant

Grade for Student 1 for 2025-2026: _____

Name of Student 2: _____

New Student Returning Student First Time Applicant Renewal Applicant

Grade for Student 2 for 2025-2026: _____

Name of Student 3: _____

New Student Returning Student First Time Applicant Renewal Applicant

Grade for Student 3 for 2025-2026: _____

1. Monthly Income

	Estimated 2025 Monthly Income
Parent 1: Net Wages After Taxes	
Parent 2: Net Wages After Taxes	
Business Income	
Rental Income	
Alimony	
Child Support	
Disability / Unemployment	
Trusts / Gifts	
Other	
Total	

2. Monthly Expenses

	Estimated 2025 Monthly Expenses
Mortgage / Rent	
Homeowner's / Renter's Insurance	
Property Taxes	
Home Maintenance	
Auto Payments	
Auto Insurance	
Auto Maintenance	
Health / Life Insurance	
Utilities / Telephone	
Charity / Tithing	
Groceries / Household Supplies	
Savings / Retirement	
Gas / Transportation	
Credit Card Payments	
Other	
Total	

3. Other Financial Support (Annual)

	Estimated Annual Amount
Source 1	
Source 2	
Source 3	
Total	

4. Credit Card Debt (Current)

Total Amount Owed on Credit Cards	
-----------------------------------	--

Please explain any special circumstances related to this credit card debt:

5. Annual Children's Education, Activities, and Care

	Estimated 2025 Annual Expenses
Tuition	
Preschool	
Daycare (Applicant(s))	
Daycare (Siblings)	
Summer Programs	
Tutoring	
Arts / Sports Programs	
Other	
Total	

6. Self-Employment (Annual)

Self-Employed	Yes / No
If Yes:	
Type of Business	
Percent Owned	%
Home Based	Yes / No

7. Divorced or Separated Parents

Please describe the financial arrangements that pertain to the education of your child(ren):

8. Family Circumstances

Has your family experienced any changes in its circumstances that adversely affect your ability to pay for your child(ren)'s education?

Yes No

If yes, please describe:

Parent/Guardian Signature

Parent/Guardian Printed Name

Date