

Statement of Financial Support

ATTN. Mr. John P. Lorenzetti

SAINT EDMUND PREPARATORY HIGH SCHOOL

2474 Ocean Avenue, Brooklyn, New York, 11229

Phone : 718.743.6100 Fax :718.743.5243

Student's Full Name:

Date of Birth (M/D/Y):

Guardian:

Address:

Phone:

I, _____,
solemnly declare that I am a U.S citizen or permanent resident of the U.S and over the
age of 25 years. I hereby declare that I am capable and willing to handle the
custodianship responsibilities for the above-mentioned student during his stay here in
the U.S. I am aware of the cost of the school's tuition. I declare that sufficient funds are
available to meet the school's tuition and I accept financial responsibility for this
student.

Signature of Guardian: _____

Date: _____