PARISH VERIFICATION FORM



TO BE COMPLETED BY FAMILIES APPLYING FOR THE REGISTERED PARISHIONER DISCOUNTED RATE

Families must complete the top section and sign below before submitting directly to their parish office. This form must be returned and signed by your Pastor in order to qualify for the discounted tuition rate for registered parishioners.

Parishioner's Last Name: Mother's Full Name:				
1		2		
3		4		
Address:				
City:	Zip:	Ph	one:	
Parish #:				
meet with my Pastor about m	y status, if necessary.		Parish, and I am willing to	
Parishioner Signature			Date	
TO BE COMPLETED E The above family is considere	BY PASTOR OF REGIS	STERED PARISH		
Saint Ambrose	Saint Ignatius	Saint Martin	Saint Patrick	
Saint Christopher	Saint Brigid	Saint John the E	Baptist	
Other:				
 Pastor Signature			 Date	