

Confirmation of Student Parishioner Status

(TO BE COMPLETED BY SCHOOL ADMINISTRATION)

Name of School: _____

Name(s) of Student: _____

Parent/Guardian Name(s): _____

Student Address: _____

School Year: _____

Registered Parish/City _____

School Representative Name

School Representative Signature

Phone Contact Number

Date

(TO BE COMPLETED BY PARISH ADMINISTRATION)

I, _____ Pastor/Administrator of _____
Parish, do acknowledge the above family/student is a bona fide registered parishioner at our
parish.

Signature of Pastor: _____

Date: _____