



PARISH VERIFICATION

Please return this form to the school office along with your student application. The school office will forward to your pastor.

Name of your Parish _____ Location _____

Parent(s)/Guardian(s) name _____

Parent(s)/Guardian(s) phone numbers _____ / _____
Home Cell

Address _____
Street City Zip Code

Student's Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Date Registered in Parish _____ Do You Attend Mass Regularly? ____ Yes ____ No

Are You Financially Supportive of the Parish? ____ Yes ____ No

Is This Student Currently Attending PSR Classes? ____ Yes ____ No

.....
This section to be completed by the Parish

Family Registered in this Parish _____

Family NOT Registered in this Parish _____

Comments from the pastor _____

Pastor's Signature _____ Date _____

Thank you for your support of Catholic Education