



### 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 Work

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