

**Parishioner Verification Form
2010-2011**

If you are a registered and active/contributing member of Shrine of the True Cross Church, the top portion of this form must be completed and given to the Pastor for completion. **If this Parishioner Verification Form is not received by May 15 in the School office, the Standard rate will apply.**

THIS INFORMATION MUST BE COMPLETED BY PARENT / GUARDIAN

DATE: _____

PARENT(S) NAME(S): _____

STUDENT(S) NAME(S): _____ GRADE: _____

_____ GRADE: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

Parent / Guardian Signature

Date

**THIS INFORMATION MUST BE COMPLETED BY
A PASTORAL STAFF MEMBER**

PARISH NAME: _____

Parish Phone Number: _____

I verify that the above named family / person is: (Please check one)

- Registered and contributing / Active member
- Registered and non-contributing / Non-Active member
- No records available

Name and Title (please print)

Signature

Date