

Meeting Date _____

Holy Trinity Catholic School
2017-2018 School Year
Verification of Active Parish Membership

Parish Name _____

Father/Guardian's Name _____

Mother/Guardian's Name _____

Address _____

City/State/Zip _____

Members of this parish since what date? _____

School-Aged Students Names _____ Applying for Grade _____

Description of parish activities/boards/committees in which your family participates:

For church office use only:

Verified by: _____ Parish: _____
(Pastor Signature)

Family is a registered, active, and contributing member of the parish indicated above: Yes No

If no, please explain _____

HOLY TRINITY FAMILIES-PLEASE COMPLETE THE TOP HALF OF THIS FORM AND SUBMIT DIRECTLY TO FATHER JOHN PETER SWAMINATHAN.
EPIPHANY FAMILIES-PLEASE COMPLETE THE TOP HALF OF THIS FORM, RETURN TO HOLY TRINITY SCHOOL, & WE WILL SUBMIT ALL OF THE FORMS TOGETHER TO FATHER BIRD.
EACH PRIEST WILL NOTIFY THE SCHOOL WITH REGARD TO YOUR STATUS.

FAMILIES MUST COMPLETE A NEW FORM EVERY YEAR.
NON-PARISHIONER TUITION WILL BE CHARGED
TO FAMILIES WITHOUT A FORM ON FILE.