

PARISH AFFILIATION FORM

Saint Joseph School, Baltic, CT 06330

TO BE COMPLETED BY PARENT OR GUARDIAN

Parish Attending: _____

Father's Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Mother's Name : _____ (Maiden Name) _____

Address: _____

(If different from Father's)

Telephone: Home: _____ Work: _____

Children Attending Parochial School:

Child's

Name(s): _____

Grade attending in the fall: _____

(Please have your pastor fill in the information below before returning this form into the School Office.)

The above are members of my parish. I am also aware of the Diocesan subsidy policy and parish obligation for each member attending parochial schools in other parishes.

I will pay a total of \$ _____ in subsidy money for the above-named child(ren).

Pastor's Signature

Parish

Date