

Corpus Christi School
581 Silas Deane Highway
Wethersfield, CT 06109
2019-2020
PARISH AFFILIATION FORM

To be completed by parent:

Parent 1 Name: _____

Address: _____

Telephone: _____

Parent 2 Name: _____

Address: (if different) _____

Telephone: _____

Children attending parochial school(s):

<u>Child</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name / Address of Parish in which you are registered and where you attend: _____

To be completed by Pastor:

I will pay a total of _____ in parish subsidy for the above-named members of
(\$250 per student)
my parish who attend Corpus Christi School.

*Pastor's Signature: _____

Date: _____ *(Required)

Parents: Once you have completed this form and it is signed by your pastor – please forward it to the Corpus Christi School office to the attention of Debbi Borea.