

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

To be completed by parent:

Date of Completion _____

Father's Name: _____

Address: _____

Telephone: _____

Mother's 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