



FOR CATHOLIC FAMILIES ONLY

Applying to St. John the Evangelist School

240 Arnold Street, Hapeville, GA 30354

Phone Number: 404-767-4312

Fax Number: 404-767-0359

PARISH VERIFICATION (FORM C) 2010-2011

PARENTS complete this section and submit to pastor

Name of parish _____

- Check one: **No children currently enrolled in St. John School**
 Children currently enrolled in St. John School

Parent/Guardian name _____ Parent/Guardian home phone _____

Address _____ City _____ Zip _____

Student(s) first and last name(s):

_____	Grade in 2009-2010 _____
_____	Grade in 2009-2010 _____
_____	Grade in 2009-2010 _____
_____	Grade in 2009-2010 _____

PARENT/GUARDIAN: DO NOT MARK BELOW THIS LINE

PASTOR COMPLETES THIS SECTION (Please check one)

Based on the contribution of time, talent and treasure, I consider this family to be:

An active Catholic family _____ A non-active Catholic family _____

This is not a Catholic family _____ This family is not registered at this parish _____

Comments from the pastor: _____

Pastor's Signature _____ Date _____