

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



**PARISH VERIFICATION FORM
2024 - 2025**

The Archdiocese of Atlanta defines “Active Parishioners” as:

- Those who have been registered in the parish for at least six (6) months; *(please note that if you registered during the last six (6) months in this parish, you must provide evidence that you were previously active members at another parish, for a cumulative period of at least six (6) months).*
- And attend Mass weekly and on Holy Days of Obligation
- And contribute financially (in a trackable way) to support the parish and the Archbishop’s Annual Appeal
- And contribute time and talent by participating in at least one ministry in the parish

Note that active membership is determined by the parish in which the family is a member.

*This form applies only to the current year. Therefore, a **new** form has to be submitted at the beginning of every school year to determine eligibility for the Catholic rate for that year.*

PLEASE PRINT:

Parents/Guardians Name _____

Home Phone _____ Work Number _____

Cell Phone _____ Email _____

Street Address _____ City/State _____ Zip Code _____

Name of Parish _____ Date Registered _____

Our family has a stewardship pledge on file with the parish this year: Yes No

Our family participates in this year’s Archbishop’s Annual Appeal: Yes No

Please list ALL students planning to attend St. John the Evangelist School for the school year 2024 - 2025 even if acceptance has not been finalized.

List the students’ first and last names and the grade they will be entering.

Name _____ Grade in 2024-25 _____
First and Last Name

Name _____ Grade in 2024-25 _____
First and Last Name

Name _____ Grade in 2024-25 _____
First and Last Name

Name _____ Grade in 2024-25 _____
First and Last Name

**The information on this page is held in the strictest confidence. Please be as specific as possible.
Attach additional sheets if needed.**

How often do you attend Mass (*Sundays and Holy Days of Obligation*): Regularly ___ Infrequently ___ Never ___

STEWARDSHIP OF TIME AND TALENT

Please list the ways that you and/or your spouse are involved in the ministries and activities of ***your parish***.

We would like information on volunteering at the parish: Yes___ No___

STEWARDSHIP OF TREASURE

Contributions are made to the Parish: Weekly ___ Monthly ___ Other (Please Specify) _____

Method of Contributions: Envelope ___ Check ___ Cash ___ Electronic ___

NOTE: Cash contributions should be placed in parish offertory envelopes. Loose cash cannot be identified as yours and, therefore, will not count toward verification.

*** New Families Only**

Please indicate your child/children's religious education involvement.

Signature of Parent/Guardian _____ Date _____

For Parish Office Use Only:

This family is registered at _____ Parish.

This family is not registered at _____ Parish.

Based on the commitment of Time, Talent and Treasure, this family is considered:

_____ Active Catholic Family _____ Non-active Catholic Family

Pastor's comments: _____

Pastor's signature: _____ Date _____

Please note that ONLY the Pastor can validly sign this form or someone he designates.

St. John the Evangelist Catholic School

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