

**St. James Parish
Our Lady of the Valley Parish
St. Benedict's Parish**

Pastor's Reference Form

APPLICATION FOR 2018 – 2019 PARISHIONER RATE

TO BE COMPLETED BY APPLICANT:

Parish: _____ Parent's Names: _____ Envelope # _____

Address: _____ Phone number: _____
house no. street city postal code

Email Address: _____

Student's name: _____	Grade: _____	(Baptism _____	First Communion _____	Confirmation _____)
_____	Grade: _____	(Baptism _____	First Communion _____	Confirmation _____)
_____	Grade: _____	(Baptism _____	First Communion _____	Confirmation _____)
_____	Grade: _____	(Baptism _____	First Communion _____	Confirmation _____)

TO BE COMPLETED BY THE FAMILY'S PASTOR: *The Pastor's signature indicates the family qualifies for the parish supporter rate at St. James School for the 2018 –2019 school year.*

Pastor's Comments:

Pastor's Signature: _____ **Date:** _____

**PLEASE SUBMIT THIS DOCUMENT TO THE SCHOOL ALONG WITH YOUR ST. JAMES SCHOOL REGISTRATION
OR RE-REGISTRATION**