

Parish Verification Form

For admission into Our Lady of the Angels School 2018-2019

Submit to the parish in which your family is registered. Do NOT return this form to the school office.

St. Peter and Holy Trinity parishioners are NOT required to complete this form.

Active Catholic families are defined as registered members of a Catholic parish who worship regularly and contribute time, talent and treasure for the support of the parish. Any discussion regarding eligibility as a participating parish member must take place between you and the parish.

To be completed by Family
Full Name of Parent/Guardian:

Address:	City/Zip:	Phone:	
Name of Parish:	City/Zip:	Phone	
	who will be attending Our Lady of the Include their last name if different fro	Angels for 2019-2020 school year. Write thom your own.	
Name:	Grade:		
,	ontributes: □weekly □monthly ns are made: □by envelope □b		
-	To Be Completed by Parish Offi	ice Only	
This family □is □ is not	registered at	Parish.	
	alent & Treasure, this family is conside A Non-active Catholic Family		
Pastor's Comments:			
Signature of Pastor:	ture of Pastor:Date:		
Please return to: Our Lady of the	Angels School, 404 Cherry Street. Colui	mbia. PA 17512	