

CONFIRMATON OF PARISHIONER STATUS School Year 2024-2025

	eted form to Notre Dame Aca	
Student Name		Grade as of 2024-2025
Parent/Guardian Name(s):		
Student Address:		
Registered Parish/Address:		
Envelope Number:		
TO DE COMDI ETED DY	DADICH ADMINISTDAT	ION
10 BE COMPLETED BY	PARISH ADMINISTRAT	ION
As Pastor/Administrator of		
I acknowledge the above family/student is a regis	stered parishioner of our paris	sh.
Pastor signature:	Date:	
5 11 6 1		
Parish Seal:		

- The Parishioner family rate is dependent upon active involvement in **any** Newark Archdiocese Catholic Parish. In order to receive this rate, you must have your parish verified by your Pastor. Please fill out the Confirmation of Parishioner Status Form, submit it to your Pastor for signature, and return it to the school. If this form is not received, you will be charged the monthly Non-Parishioner rate. **Your status** as a participating parishioner will be verified annually with your parish pastor.
- Due no later than March 1st. We will not accept this form after March 1st.