Confidential – to be completed by the Applicant's Pastor or Leader at place of worship for non-Catholic applicants (if applicable).

applicants (II applicable).
Name of Parish or Place of Worship
I,
(Print name of Pastor or Leader at Place of Worship
am pleased to advise that
Student First and Last Name
And his /her family are:
☐ Registered Parishioners OR
☐ Other
Additional Comments about the Applicant and / or his / her family
Confirmed by:
(Please print)
Pastor's or Leader's Name at Place of Worship:
Signature:
Date: