



Holy Cross Catholic Academy
Statement Verifying
Registration of Family's Parish

To be completed by family

Family Name _____ Student Name(s) _____

Address _____

Phone _____

By signing, you are requesting that your parish verify your registration status. This verification is one of the requirements in receiving tuition assistance.

Parent/Guardian Signature _____

To be completed by parish

Parish _____

Is the above family registered in your parish? ___Yes ___No

Does the above family actively participate in the life of the parish? ___ Yes ___ No

Comments _____

Signature of Parish Pastor/Official _____