



CATHOLIC PARISH VERIFICATION FORM

Only Practicing Catholic Families are eligible to receive the Catholic rate.

Parents, if you wish to register your child/children with the Catholic rate, please fill out this form.

Family Name: _____ Phone Number: _____
(Please print)
Address: _____

We are active, registered and contributing members of _____ Parish
Please check all that apply:

- We financially support our parish with regular, identifiable contributions.
(use of weekly envelopes, checks, or automatic deposit)
- Our child(ren) have received the age appropriate sacraments (Baptism, First Holy Communion)
- We regularly attend Mass on Sundays and Holy Days of Obligation at
_____ Church.
- Please send me a St. John Berchmans Parish registration form.
- Please have someone from the Church office contact me.

Names of child(ren): please print _____

I understand that the Catholic rate is for active, practicing, registered Catholic families.

Parent's Signature Date

To my Pastor:
Please verify my active membership in the parish by signing below and affixing the Parish Seal.
Thank you!

**Dear SJB Principal,
The family names above are active, registered parishioners, and their children are receiving age-appropriate Sacraments of the Catholic Church.**

Pastor's Signature Date

Please affix Parish seal here.

Please return this form to:
Admissions
Cathedral of St. John Berchmans Catholic School
947 Jordan Street
Shreveport, LA 71101