

PARISH AFFILIATION FORM

School Year = _____

Saint Joseph School, Baltic Connecticut

TO BE COMPLETED BY PARENT OR GUARDIAN:

PARISH ATTENDING: _____

FATHER'S NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK _____

MOTHER'S NAME: _____ (Maiden Name) _____

ADDRESS: _____

(If different from Father)

TELEPHONE: HOME: _____ WORK _____

CHILDREN ATTENDING PAROCHIAL SCHOOL:

CHILD'S NAME: _____ GRADE ATTENDING IN FALL OF 2008

(Please have your pastor fill in the information below before returning this form back to the school. Thank you.)

The above are members of my parish. I am also aware of the Diocesan subsidy policy and parish obligation for each member attending parochial schools in other parishes.

I will pay a total of \$ _____ dollars in subsidy money for the above-named child(ren)

Pastor's Signature

Parish

Date