

SAINT THOMAS THE APOSTLE SCHOOL

50 Byrd Avenue, Bloomfield, NJ 07003
Phone: 973.338.8505 Fax: 973.338.9565
Email: staoffice@staschoolnj.org

Confirmation of Student Parishioner Status

School Year: **SEP 2020 – JUN 2021**
School Representative: **Michael Petrillo, Principal**
Date: _____

Every family is required to submit this form. If this form is not submitted, the Non-Parishioner fee of \$500 per student will be assessed to your Smart Tuition account.

(TO BE COMPLETED BY PARENT/GUARDIAN)

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Parent's/Guardian's Name(s): _____

Student's Address: _____

(Include street address, city, zip code)

I am a registered parishioner at the following parish of the Roman Catholic Archdiocese of Newark:

Parish Name: _____

Parish Address: _____

(Include street address, city, zip code)

I am **NOT** a registered parishioner of a parish of the Roman Catholic Archdiocese of Newark.

(TO BE COMPLETED BY PARISH ADMINISTRATION)

As Pastor/Administrator of the parish indicated above, I do acknowledge the above family/student is a bona fide registered parishioner at our parish.

Name of Pastor/Administrator: _____

Signature of Pastor/Administrator: _____

Date: _____