

Confirmation of Student Parishioner Status

(TO BE COMPLETED BY SCHOOL ADMINISTRATION)

Name of School: Holy Trinity School / Westfield

Name(s) of Student: _____

Parent/Guardian Name(s): _____

Student Address: _____

School Year: 2019-2020

Registered Parish/City _____

Suzanne Iannelli
School Representative Name

Suzanne Iannelli
School Representative Signature

908-233-0484
Phone Contact Number

5-6-19
Date

(TO BE COMPLETED BY PARISH ADMINISTRATION)

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

Signature of Pastor: _____

Date: _____

Please email completed form to office-wc@htisnj.com, or FAX to 908-233-6204, or mail to Holy Trinity School, 336 First Street, Westfield, NJ 07090