

PARISH AFFILIATION VOUCHER

HOME PARISH: _____

PARENT NAME: _____

STUDENT NAME: _____ GRADE: _____

ATTENDING SCHOOL: _____

This will verify that the above named PARENT is "**REGISTERED, ACTIVE, AND SUPPORTING**" in the above named HOME PARISH. Therefore, the HOME PARISH agrees to provide financial support to the PARENT by paying the "Parish Support Fee" to the ATTENDING SCHOOL for the _____ - _____ school year.

It is agreed that the HOME PARISH will pay the Parish Support Fee to the Archdiocesan Finance Office and that the Finance Office will distribute the proceeds to the ATTENDING SCHOOL. Each school will set their own procedures for acceptance of this Voucher, but the deadline for submittal to the Archdiocese Accounting Office will be September 1st. No voucher will be accepted after this date.

Signature of Pastor of Home Parish & Date

Signature of Parent
(to be signed in the presence of the pastor or his assigned representative)

Mail the original to: 7887 Walmsley Avenue - Attention Accounting Office
Copies should be retained by the Home Parish and Attending School.