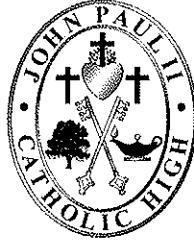


John Paul II Catholic High School Pastor Verification Form



Please complete this form and forward it to the Pastor of your Parish with the request that he complete the information and forward this form to John Paul II Catholic High School.

Date: _____

Family Last Name: _____ First Name(s): _____

Address: _____ Telephone Number () _____

City: _____ State: _____ Zip: _____

Name(s) of children registering at John Paul II CHS for 2012-2013

_____ Grade _____

_____ Grade _____

Name and address of Parish in which the family is registered and supporting members:

Parish Name _____

Address _____

City _____ State _____ Zip _____

Pastors

Please circle the description that fits this family and mail to John Paul II CHS,
5100 Terrebone Dr., Tallahassee, FL 32311

1. The above family is in good standing in our parish community and qualifies for the Catholic Tuition Rate at John Paul II CHS.
2. The above family is not currently supporting our parish.

Pastor's Signature: _____ Date: _____