

SUPPORTED STUDENT FORM

A parent or guardian must complete this form and have it signed by the pastor, and **returned to the school no later than March 15, 2007**. The timely completion of this form will enable the student(s) to receive the supported tuition rate for the next school year.

NOTE: The parish seal must be on this form.

School: _____ **City/Town:** _____

Parish: _____ **City/Town:** _____

**Name of Parent/
Guardian:** _____

**Parent/Guardian
Address:** _____

**Parent/Guardian
Phone Number:** _____ (Home) _____ (Work)

Student(s):	_____	Grade:	_____
	_____	Grade:	_____
	_____	Grade:	_____
	_____	Grade:	_____

**Parent/Guardian
Signature:** _____ **Date:** _____

This is to confirm that the above signed meet all three of the minimal Diocesan Support Criteria which include:

- 1. Registration in a parish or mission;**
 - 2. Contributor of record in a parish or mission;**
 - 3. Active participation in the life of a parish or mission.**
- (As stated in the plan for "Diocesan Support of Catholic Schools in New Hampshire.")

Pastor's Signature: _____ **Date:** _____

Please include the parish seal on this form.