



**2024-2025**

## **PASTOR RECOMMENDATION FORM**

**Parents:** Please fill this top portion out and give it to your pastor. You are required to bring this to school once your Pastor/Administrator completes it if you wish to receive the Practicing Registered Catholic rate tuition.

### **FAMILY INFORMATION**

Name of Head of Household: \_\_\_\_\_

Children's Names/Grade level for **2024-25 School Year**

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parish of Membership: \_\_\_\_\_

**Pastor:** Please complete this information for the family listed above who wishes to enroll at Saint Anne Catholic School for the 2024-2025 School Year. Thank you.

- ☐ This family is active in our parish:

YES              NO

- ☐ Parish will pay subsidy for this family:

YES              NO

- ☐ This family is not registered in our parish and we have no records of financial support or involvement in the ministries of the parish.

\_\_\_\_\_  
Signature of Pastor/Administrator

\_\_\_\_\_  
Date Signed