Catholic Elementary School

Tuition Grant Program (CTGP)

THE ROMAN CATHOLIC DIOCESE OF BUFFALO

Diocese of Buffalo Parishioner Verification Form for the 2019-2020 School Year

To Be Completed by Family—**PLEASE PRINT**

Parishioner Name:_____/_____
Parent/Legal Guardian #1 – First Name, Last Name *Parent/Legal Guardian #2 – First Name, Last Name*

Address:_____

_____
City State Zip

Phone: _____ Email:_____

We are registered parishioners of: _____Pastor:_____
Parish Name City

Our child(ren) is/are enrolled at: _____Principal:_____
School Name City

Child #1: _____ Grade for 2019-20 School Year:_____

Child #2: _____ Grade for 2019-20 School Year:_____

Child #3: _____ Grade for 2019-20 School Year:_____

Child #4: _____ Grade for 2019-20 School Year:_____

Our family is dedicated to the faith formation of our child(ren). We attend Mass as a family and support our parish financially and through involvement in parish activities and ministries.

_____
Parent/Legal Guardian Signature Date

_____
Parent/Legal Guardian Signature Date

To Be Completed by Pastor:

The family is registered with our Diocese of Buffalo parish and meets the eligibility criteria for CTGP.

_____
Pastor Signature Date

Pastors, please retain the original document and send one copy of the signed form to the Catholic school where the child(ren) is (are) registered and one copy to the family.