## **Items for Completion**

## **Completion Item #1**



## 2018-19 Tampa Catholic High School

Catholic Parish Affiliation Verification Form

Tampa Catholic High School
4630 North Rome Ave Tampa, Florida 33603
Fax: 813.877.9136 Finance Office: 813.870.0860 ext. 220 or 221

Please print, complete at later date, and submit by May 1, 2018. This form is Required for All Students New to Tampa Catholic.

Part A - To Be Completed by the Parent/Guardian

Please complete form in full and submit to the pastor, parish life coordinator, or authorized parish administrator in order to verify your parish affiliation status. Any discussion regarding what defines eligibility as a participating and affiliated parish member shall take place and be verified between you and the parish. Parent/Guardian also understands that he/she will be billed at the full Non-Affiliated tuition rate until this form is completed in full, verified, signed and received in the Finance Office of Tampa Catholic High School.

This form is to be Returned by Parent/Guardian to the Finance Office of Tampa Catholic.

run Name of Farent Guardian:		
Address:	City:	Zip:
Parish Name of which you are Regi	istered:	
Please list the <u>full name</u> and <u>grade-le</u>	vel of your children who as of August 20	18 will be attending Tampa Catholic.
1)		Grade:
2)		Grade:
3)		Grade:
Parent/Guardian Signature:		Date:
Part B - To Be Completed by the Parish The parent/guardian of the student(s) listed above has claimed to be a participating member of your parish and, if verified, would be eligible for the Catholic Parish Affiliated Tuition Rate at Tampa Catholic High School. We ask that you please verify this claim. Parents/Guardians understand his/her participating status in your parish must be discussed with and verified by you and not Tampa Catholic.		
By signing below, I verify this family is an affiliated and participating member of this parish.		
Your Name (please print):		Parish Role:
Signature:		Date: