

Catholic Elementary School

Tuition Grant Program (CTGP)



Diocese of Buffalo Parishioner Verification Form for the 2017-2018 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: _____	
_____ Parish Name	_____ City
Pastor: _____	
Our child(ren) is/are enrolled at: _____	
_____ School Name	_____ City
Principal: _____	
Child #1: _____	Grade for 2017-18 School Year: _____
Child #2: _____	Grade for 2017-18 School Year: _____
Child #3: _____	Grade for 2017-18 School Year: _____
Child #4: _____	Grade for 2017-18 School Year: _____
<i>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.</i>	
_____ 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.