

Archdiocese of Newark Confirmation of Student Parishioner Status

(TO BE COMPLETED BY SCHOOL ADMINISTRATION)

Name of School: Holy Trinity School

Name(s) of Student: _____

Parent/Guardian Name(s): _____

Student Address: _____

School Year: 2015-2016

Registered Parish/City in Archdiocese of Newark _____

Suzanne Iannelli
School Representative Name

School Representative Signature

908-233-0484
Phone Contact Number

Date

(TO BE COMPLETED BY PARISH ADMINISTRATION)

I, _____ Pastor/Administrator of _____
Parish, do acknowledge the above family/student is a bona fide registered parishioner at our
parish in the Archdiocese of Newark.

Signature of Pastor: _____

Date: _____