

Confirmation of Student Parishioner Status

(TO BE COMPLETED BY APPLICANT)

Name of School: Holy Trinity School / Westfield

Name(s) of Student: _____


Parent/Guardian Name(s): _____

Student Address: _____

School Year: 2020-2021

Registered Parish/City _____

Suzanne Iannelli
School Representative Name


School Representative Signature

908-233-0484
Phone Contact Number

Jan 2020
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.

Signature of Pastor: _____

Date: _____

*Please email completed form to office@holytrinityschool.org, or FAX to 908-233-6204, or
mail to Holy Trinity School, 336 First Street, Westfield, NJ 07090*