

**ST. MICHAEL CATHOLIC SCHOOL
PARISH SUBSIDY REQUEST**

DO NOT RETURN THIS FORM TO THE SCHOOL WITHOUT MEETING WITH YOUR PASTOR FOR APPROVAL.

THE PARENTS OR GUARDIANS OF CATHOLIC STUDENTS MUST COMPLETE THIS FORM IN ORDER TO BE CONSIDERED FOR PARISH SUBSIDY. CATHOLICS MUST BE REGISTERED, CONTRIBUTING PARISHIONERS OF ONE OF THE LOCAL PARISHES AND CERTIFIED BY THEIR PASTOR.

Please fill out the form below, sign and date it, and return it to the pastor of your church. **You MUST meet with your pastor for subsidy approval before returning this form to the school office. If this form is not returned and/or approved NO ASSISTANCE will be granted.** Thank you.

We the undersigned parent(s) or guardian(s) of the registered student(s) of St. Michael School listed below do certify that we are registered members of _____
Parish. (Name of Parish)

We hereby apply for active parishioner parish subsidy. Our church envelope number is _____.

Father's full name _____
(Please print)

Mother's full name _____
(Please print)

Guardian's full name _____
(Please print)

Name(s) of student(s):

_____ Grade _____
(Please print full name)

_____ Grade _____
(Please print full name)

_____ Grade _____
(Please print full name)

_____ Date _____
Parent/Guardian Signature

TO BE COMPLETED BY PASTOR

I, the undersigned Pastor of the parish named above, do hereby approve [] disapprove [] the request for Parish Subsidy of the above signed parents/guardians, if the above children are accepted by St. Michael School and verify they are active members of our parish.

Pastor _____ **Date** _____