

Catholic Elementary School

Tuition Grant Program (CTGP)



THE ROMAN CATHOLIC DIOCESE OF BUFFALO

Diocese of Buffalo Parishioner Verification Form for the 2018-2019 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 2018-19 School Year: _____
Child #2: _____	Grade for 2018-19 School Year: _____
Child #3: _____	Grade for 2018-19 School Year: _____
Child #4: _____	Grade for 2018-19 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 St Benedict School 3980 Main St Amherst, NY 14226 Phone (716) 835-2518/FAX: (716) 834-4932 and one copy to the family.