

# St. Joseph Catholic Church



## IN PARISH CERTIFICATION for St. Joseph Central Catholic High School

Parent's/Guardian's Name(s): \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

I certify that we are active, registered members of St. Joseph Catholic Church and attend at least 70% of weekend Masses each calendar year (June – May).

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tuition Assistance: \$ \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_