

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: _____