

St. Gabriel School
77 Bloomfield Avenue
Windsor, CT 06095
(860)688-6401

CATHOLIC PARISH AFFILIATION FORM

To be completed by parent

Father's Name _____

Address: _____
Street Town zip

Telephone (Home) _____ (work) _____

Mother's Name _____ Maiden name: _____

Address(if different) _____
Street Town zip

Telephone (Home) _____ (work) _____

<u>CHILD(REN)</u>	<u>GRADE</u>
_____	_____
_____	_____
_____	_____
_____	_____

Parish in which you are registered and where you attend:

Sunday Collection Envelope# _____

Name of Church _____

Address _____

To be completed by pastor

The above are members of my parish. I am also aware of the Archdiocesan subsidy policy of \$250 per student for each parish member attending parochial schools in other parishes.

I will pay a total of _____ in parish subsidy for the above named child(ren) of my parish who attend St. Gabriel School.

Pastor's Signature _____ Date _____