

Catholic School Region of Central Westchester
926 Boston Post Road
Rye, NY 10580

School Year: _____

Family Name - _____

Child(ren)'s Names - _____

Please check one:

_____ **Parishioner:**
I am the parent or legal guardian of the above child(ren). I am a registered, active parishioner of _____ Church.

_____ **Nonparishioner:** Envelope number: _____
I am a nonparishioner.

Parent/Guardian Signature: _____

Print Name: _____

~~~~~

Failure to submit this form will require the school to assign *nonparishioner* tuition rates to the family named above.

***Pastor's Verification***

The above named family is a registered and active member of our parish according to the family's record in our parish.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Name of Parish

\_\_\_\_\_  
City

