

RELIGIOUS EDUCATION TRANSFER REQUEST

_____ Year

Family Name: _____

Parents: _____

Mailing Address: _____

Phone: _____ Email: _____

Parish: _____

I/We, _____, make a formal request to have my child(ren)

Participate in the Religious Education program at _____ Parish.

The reasons for making this request are: _____

I/We understand that this transfer becomes effective when the Pastor of each parish has approved the request, and is valid for only one school year. I further acknowledge that, as a non-parishioner, tuition may be increased, and Sacraments will be celebrated with our parish of membership.

Father's Name Printed Signature Date

Mother's Name Printed Signature Date

Parish of Membership:

Pastor Signature: _____ Date: _____

DRE/CRE Signature: _____ Date: _____

Parish wishing to participate at:

Pastor Signature: _____ Date: _____

DRE/CRE Signature: _____ Date: _____