RELIGIOUS EDUCATION TRANSFER REQUEST

NAIVIE:			
ADDRESS:			
PHONE:			
EMAIL ADDRESS:			
PRESENT PARISH:	_		
l,	, make a formal red	quest to have my child(ren)	
		programs at Parish.	
I understand that this tra		ective when the signatures year.	
I further acknowledge th	hat, as a non-parishioner	r, tuition may be increased.	
Applicant Signature		Date	
Pastor Signature	(Pastor of family's home parish)	Date	
	(DRE/CRE of family's home parish)		
Pastor Signature	(Pastor of Parish for programs)	Date	
	(DRE/CRE of Parish for programs)		