



Saint Anthony Catholic School
 www.stanthonyschoolfl.org
 P.O. Box 847, San Antonio, FL 33576
 Phone 352-588-3041 Fax 352-588-3142



PASTORAL APPROVAL FORM – 2017-2018

Please complete in full and print legibly. **(Please turn this form into your Parish Office.)**

Parent(s): _____

Parent(s) address: _____

Name of Student: _____

Parish: _____

Parish Address: _____

Parish City: _____ Parish State: _____ Parish Zip Code: _____

I attend my home parish for weekly Mass and actively participate in school and parish events. I contribute my fair share of a minimum of \$15.00 per week (Home parish is the parish where you are registered).

Parent signature: _____ Date: _____

To be completed by the pastor of your home parish:

The above named student is requesting admission to **Saint Anthony Catholic School** for the 2017-2018 school year. Please verify that his/her family is registered and are practicing members of your parish. Further verify that they are active and contributing members of the congregation and that you support the student attending **Saint Anthony Catholic School**.

Pastor's signature: _____ Date: _____

NON-AFFILIATED FAMILIES should complete the following section and return it to Saint Anthony Catholic School.

Please check: Our family is not affiliated with a Catholic Parish in the Diocese of St. Petersburg.

Parent signature: _____ Date: _____

Please mail to: **Saint Anthony Catholic School**
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