



QUEEN of ANGELS CATHOLIC SCHOOL

11340 Woodstock Road
 Roswell, Georgia 30075
 tel 770-518-1804 ext.101
 fax 770-518-0945
 www.qaschool.org

Parish Verification / Religious Education Form

The front page of this form is to be completed by parents.

Applicant's name _____ Religion _____

Address _____ Phone _____

Father's name _____ Religion _____

Mother's name _____ Religion _____

Name of parish _____
City, State

Please check and list dates for the Sacraments that the applicant has received:

Baptism ___/___/___ Reconciliation ___/___/___ Holy Eucharist ___/___/___

Please complete the following regarding your contribution of worship, time and talent, and financial resources to support your parish:

I attend Mass _____ Regularly (Sundays, Holy Days) _____ Infrequently _____ Never

List all the ministries/activities, ministry/activity leader, and dates served in said ministries/activities. These include but are not limited to: PSR, Extraordinary Minister, Usher, Lector, Music Ministry, Confirmation/RCIA Sponsor, Youth Ministry, Pastoral Council, etc.

Ministry/Activity	Ministry/Activity Leader	Dates served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

During the 2008 calendar year, did you regularly contribute financially with an identifiable gift to the support of your parish? _____ Yes _____ No

_____ Envelope # _____ or by bank draft _____
Name of Parish

The back page of this form is to be completed by church personnel.

PSR Verification:

This applicant is registered for and attends PSR regularly. Yes No Not applicable

Director of Religious Education *Date*

The pastor should place his signature on the line beneath the most appropriate statement listed below.

This family is registered in our parish, is active in the community, and practices stewardship.

1. _____

Pastor's signature *Date*

This family is registered in our parish, but they do not practice stewardship within the parish.

2. _____

Pastor's signature *Date*

This family is not registered in our parish.

3. _____

Pastor's signature *Date*

Additional Comments:

Please mail completed form to: Queen of Angels Catholic School
Admissions Office
11340 Woodstock Road
Roswell, Georgia 30075