



# Clearwater Central Catholic High School

*"Where Possibility and Opportunity Meet"*



## Catholic Parish Verification Form

Clearwater Central Catholic High School  
2750 Haines Bayshore Rd., Clearwater, FL 33760  
Finance Office: (727) 531-1449, ext. 317 or 340 • Fax: (727) 535-7034

**To receive the Catholic affiliated tuition rate, please print, complete and submit.  
This form is Required for All New Students enrolling in Clearwater Central Catholic High School.**

### Part A - To be Completed by the Parent/Guardian

Please complete form in full and submit to the pastor, parish life coordinator, or authorized parish administrator in order to verify your parish affiliation status. Any discussion regarding what defines eligibility as a participating and affiliated parish member shall take place and be verified between you and the parish. Parent/Guardian also understands that he/she will be billed at the full Non-Affiliated tuition rate until this form is completed in full, verified, signed and received in the Business Office of Clearwater Central Catholic High School.

This form is to be **Returned by Parent/Guardian** to the **Business Office** of Clearwater Central Catholic High School.

Full Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARISH NAME OF WHICH YOU ARE REGISTERED:** *(please print)*

Please list full name and grade level of your children who as of August 2021 will be attending Clearwater Central Catholic High School.	
1. _____	Grade: _____
2. _____	Grade: _____
3. _____	Grade: _____
Parent/Guardian Signature: _____	Date: _____

### Part B - To Be Completed by the Parish

The parent/guardian of the student(s) listed above has claimed to be a participating member of your parish and, if verified, would be eligible for the Catholic Parish Affiliated Tuition Rate at Clearwater Central Catholic High School. We ask that you please verify this claim. Parents/Guardians understand his/her participating status in your parish must be discussed with and verified by you and not Clearwater Central Catholic High School.

**By signing below, I verify this family is an affiliated and participating member of this parish.**

Your Name *(please print)*: \_\_\_\_\_ Parish Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_