



St Stephen Catholic School

Parish Verification Form

For Families Registered in a Catholic Parish other than St. Stephen Catholic Church

Full Name of Parent/Guardian: _____

Address: _____

Name of Parish: _____

Address: _____

Please list the names of your children who will be attending St. Stephen Catholic School for the 2020-21 school year. Write the grade they will be in as of August 2020 and include their last name if different from the parent/guardian name.

Child's Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

XX

Dear Father,

The following family has registered at Saint Stephen Catholic School. We ask you to complete the information below and return this form to St. Stephen Catholic School, 10424 Saint Stephen Circle, Riverview, FL 33569, Attn.: Jill Shirk.

We appreciate your assistance.

I verify that this family is a registered member and regularly attends Mass.

Signed: _____ Date: _____ 20_____
(Pastor)

Name of Church: _____

Comments: _____

10424 Saint Stephen Circle, Riverview, FL 33569 • T. 813-741-9203 • F 813-741-9622 • sscsfl.org

Mission Statement

St. Stephen Catholic School is devoted to inspiring students to achieve their full academic potential while demonstrating a desire to continue Jesus' mission by applying Catholic morals, beliefs, values, and practices in their everyday lives. We are committed to motivating students to sustain a lifelong love of learning.