



Parish Endorsement Form

This form is due to the school office along with your student contract

Parents/Guardians

Name(s) _____ Phone _____

Students (list separately)

	<u>Name</u>	<u>Grade</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Name of Parish _____

As rector of _____ Parish, I certify that the above family qualifies for the 10% Episcopal parishioner discount at Holy Cross Episcopal School.

Rector's Signature

Date