

# RELIGIOUS EDUCATION TRANSFER REQUEST

\_\_\_\_\_ Year

Family Name: \_\_\_\_\_

Parents: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parish: \_\_\_\_\_

I/We, \_\_\_\_\_, make a formal request to have my child(ren)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participate in the Religious Education program at \_\_\_\_\_ Parish.

The reasons for making this request are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I/We understand that this transfer becomes effective when the Pastor of each parish has approved the request, and is valid for only one school year. I further acknowledge that, as a non-parishioner, tuition may be increased, and Sacraments will be celebrated with our parish of membership.

\_\_\_\_\_  
Father's Name Printed Signature Date

\_\_\_\_\_  
Mother's Name Printed Signature Date

## Parish of Membership:

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

DRE/CRE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parish wishing to participate at:

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

DRE/CRE Signature: \_\_\_\_\_ Date: \_\_\_\_\_