

Bishop McLaughlin Catholic High School

13651 Hays Road Spring Hill, Florida 34610

Parish Affiliation Form 2023-2024

Please complete in full and print legibly: (Please turn this form into your Parish Office.)
Parent(s):	
	Parish Zip Code:
Name of Student:	
I do attend my home parish for weekly Ma	ass and promise to continue to do so. I also promise, to the r of my home parish. (The home parish is the one in which
Student signature:	Parent/Guardian signature:
To be completed by the pastor of your home parish: The above-named student is requesting admission to Bishop McLaughlin Catholic High School for the 2023-2024 school year. Please verify that his/her family is registered and are practicing members of your parish. Also verify that they are active, contributing members of the congregation and that you support the student attending Bishop McLaughlin Catholic High School.	
Pastor's Signature:	Date:
Printed Name of Pastor:	
	(PARISH SEAL)
This form needs to be returned no later than thirty days after the first day class is attended. Late submissions will not be accepted for Parish Affiliated Rate.	
	IES should complete the following section and p McLaughlin Catholic High School.
Please check: our family is not affi	liated with a Catholic Parish in the Diocese of St. Petersburg.
Parent signature:	Date: