

423 Highland Avenue Fall River, MA 02720 P: (508) 678-2828 F: (508) 674-4218 www.CatholicSchoolsAlliance.org

Pastor's Response Form

The person named below has applied for a position in our schools and has indicated that he/she is a member of your parish:

Please assist	us by checking the followin	g statements as appropriate:	
	This person is a reg	istered member of the parish.	
	This person is an ac	tive participant in the life of the parish.	
	This person is not a	member of the parish.	
Please add a	ny additional comments or	recommendations you would consider helpful to	us.
Pastor's Signature		Parish	
Date		Address	
		City/State/Zip Code	