

373 Elsbree Street, Fall River, MA 02720 P: (508) 687-7301 www.CatholicSchoolsAlliance.org

Pastor's Response Form

The person nam a member of you	ed below has applied for a purparish:	position in our schools and has indicated that he/she is	
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Please assist us	by checking the following	statements as appropriate:	
	This person is a regis	tered member of the parish.	
	This person is an active participant in the life of the parish.This person is not a member of the parish.		
Please add any	additional comments or r	ecommendations you would consider helpful to us.	
Pastor's Signature		Parish	
Date		Address	
		City/State/Zin Code	