

CERTIFICATION OF PARISH MEMBERSHIP
FOR BISHOP DUNNE CATHOLIC SCHOOL
FOR SCHOOL YEAR 2008-2009
(Please fill out completely.)

Name of Student: _____

Name and Address of Parents/Guardians:

Please certify that the above-named student is a current member of your parish.

Parish: _____

Name of Pastor: _____

Parish Pastor's Signature: _____

Please seal with parish seal, if available.

Please return as soon as possible to:

*Bishop Dunne Catholic School
3900 Rugged Drive
Dallas, Texas 75224
214.339.6561, extension 235
214.330.1027 (fax)*