



**St. James School**

603 West Ave.

Gulfport, MS 39507

# Active Parishioner Form

Please have your priest sign this form and return it to the school  
to receive parishioner rates.

**Return this for by Friday, March 24, 2017.**

Last Name \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

|                     |
|---------------------|
| Children's<br>Names |
|                     |
|                     |
|                     |
|                     |

This family is an active, contributing, and registered member of  
\_\_\_\_\_ Parish.

\_\_\_\_\_  
Signature of pastor

\_\_\_\_\_  
Date