



**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.

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

Father \_\_\_\_\_

Mother \_\_\_\_\_

Children's Names

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

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

Date \_\_\_\_\_