



Please complete and turn in to your Parish office.
Required for families seeking the Parishioner Tuition Rate.

Parish: _____

Family Name: _____
Last Father/Mother or Guardians

Address: _____
Street City State Zip

Phone: Home: _____ Cell: _____ Work: _____

Family Email Address: _____

Names and ages of children attending Bishop McHugh Regional Catholic School:

1. _____ 2. _____
First name Age Grade First name Age Grade

3. _____ 4. _____
First name Age Grade First name Age Grade

Parent signature: _____ Date: _____

Please PRINT Name: _____ Envelope No. _____

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As Pastor of _____ Parish:

_____ I verify that the above named family is registered, active and supporting Catholics in my parish.

_____ I do not verify that the above named family is registered, active and supporting members of my parish.

Pastor/Administrator: _____ Date: _____

Please return to Bishop McHugh Regional Catholic School. Thank you.

2221 Route 9 North
Cape May Court House, NJ 08210
(609) 624-1900
609-624-9696 (Fax)
www.bishopmchugh.com