



DIOCESE OF JOLIET  
CATHOLIC SCHOOLS OFFICE  
PASTOR'S APPROVAL FORM

To: The Reverend Pastor

The person named below is applying for a position on the high school board. We ask that you provide a brief statement attesting to the fact that this applicant is a practicing member of the Catholic faith.

\_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Applicant's Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Pastor's Signature)

\_\_\_\_\_  
(Parish)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Town)

Please return this form to: Chief Administrator: \_\_\_\_\_  
Name of High School: \_\_\_\_\_  
High School Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_