



**ST. BRIDGET SCHOOL**  
**CHESHIRE**

**PARISH CONFIRMATION FORM**

**2026-2027**

**ALL CURRENT AND INCOMING FAMILIES ARE REQUIRED TO COMPLETE THIS FORM ANNUALLY IN ORDER TO RECEIVE THE REGISTERED CATHOLIC PARISH GRANT OF \$250 PER STUDENT. THIS FORM MUST BE RETURNED TO THE ST. BRIDGET SCHOOL OFFICE BY AUGUST 29, 2026 YOUR PARISH DISCOUNT WILL NOT BE APPLIED TO YOUR TUITION UNTIL THIS FORM IS SIGNED AND RETURNED.**

Family Name: \_\_\_\_\_  
Please Print

Parents: \_\_\_\_\_

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please choose one:

\_\_\_\_\_ We are not Catholic.

\_\_\_\_\_ We are Catholic but are not affiliated with a parish.

\_\_\_\_\_ We are Catholic and are registered, actively participating, and financially supporting our parish through the use of the envelope system. We use our envelopes on a weekly basis at \_\_\_\_\_ Parish.

Signature of Parent/Guardian \_\_\_\_\_

*Dear Pastor.*

*The above-named family has listed that they are registered and active members of your parish. The policy of the Archdiocese of Hartford states that the Catholic Parishes in the Archdiocese will pay the school an assessment of \$250.00 for each student whose parent/guardian is actually registered, actively participating in, and supporting the parish through the envelope system. By signing this parish confirmation form you are agreeing to abide by this policy. **If your parish includes a school, this assessment will not be billed.** Thank you.*

\_\_\_\_\_  
Name of Church                      Town                      Envelope #                      Date Registered

\_\_\_\_\_  
Signature of Pastor

\_\_\_\_\_  
Date