

Northeastern Academy

MEMBERSHIP VERIFICATION FORM

Student's Name: _____
(First, Middle, Last)

Address: _____

Parent's Name: (circle one) Mr., Mrs., Ms., Mr. & Mrs. _____

Parent's Religious Affiliation:

Student's Religious Affiliation:

Name of Church: _____

Address: _____

Pastor's Name: _____
(Please print name)

Clerk's Name: _____
(Please print name)

- We certify that the above named parent(s) are members of _____ Church.

- We certify that the above named student is a member of the _____ Church.

Pastor's Signature

Clerk's Signature