

**ST. KATERI**  
**GRADUATE INFORMATION FORM**

Student Name: \_\_\_\_\_

School of Graduation: \_\_\_\_\_

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

Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Future Plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, give permission to St. Kateri Tekakwitha Catholic Church (16101 Rotunda Drive, Dearborn, MI) to publish the above information in the parish bulletin.

I, \_\_\_\_\_, give permission to St. Kateri Tekakwitha Catholic Church (16101 Rotunda Drive, Dearborn, MI) to publish my picture in the parish bulletin.

\_\_\_\_\_

(Signature of parent)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Print parent's name)

(Created 2/2017)