



DIOCESE OF BROKEN BAY

APPENDIX 5 2(a)

APPLICATION FOR ENROLMENT

Section A

PARISH PRIEST'S REFERENCE FORM FOR SCHOOL ENROLMENT

To be completed by parents for Years K - 6

For enrolment in **SACRED HEART CATHOLIC PRIMARY SCHOOL, MONA VALE**

Child's full name: _____

Address: _____

Telephone number (home): _____

Parish of residence: _____

Parish where you regularly attend Mass: _____

Father's name: _____ Religion: _____

Mother's maiden name: _____ Religion: _____

How does the family contribute to parish life?

For example: Acolytes, Altar Server, Readers, Catechists, Planned Giving Program, Antioch, Youth Group, Church Cleaning, Altar Society, Prayer Group, St Vincent de Paul, Choir, Musicians, Legion of Mary, Catholic Women's League, Care Group, School Parents and Friends Association, or other.

Please state: _____

What value do you see in Catholic Education?: _____

Signed: _____ Date: _____

Section B (To be completed by Parish Priest where family attends)

CONFIDENTIAL REFERENCE FROM PARISH PRIEST OF RESIDENCE

If this form is completed by the Parish Priest where the family regularly worships, the completed form is forwarded to the Parish Priest of residence for endorsement.

Does this family live in your parish? _____

Do you know them personally? _____

Do they regularly worship and participate in Parish life? _____

Do you know whether they worship elsewhere? _____

Please tick:

I recommend this application for enrolment

I give provisional recommendation for this application

I do not recommend this application

Any further comments: _____

Signed: _____

Parish Seal

Parish: _____
(if necessary)

Signed: _____
(Parish Priest of Residence)

Form to be forwarded to the school on completion.