



# 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.**