

ST MUNCHIN'S CATHOLIC SCHOOL

PARISH PRIEST'S REFERENCE

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PLEASE ARRANGE AN APPOINTMENT WITH THE PARISH PRIEST.

TO BE COMPLETED BY PARENT(S) GUARDIAN(S)

Please complete this section and present this form to your Parish Priest who will complete it and make a recommendation to the Principal. Please provide a stamped, addressed envelope (Enrolments, St Munchin's Catholic School, PO Box 172, Gosnells WA 6990) to the Parish Priest if other than the Gosnells Parish Priest.

Student's Full Name:

Date of Birth: / / Place of Birth:

For enrolment in **St Munchin's Catholic School, Gosnells**: Year of Entry: Level of Entry:

Sacraments received (please tick):

- Baptism Reconciliation Eucharist Confirmation

Father's / Guardian's Full Name: Religion:

Mother's / Guardian's Full Name: Religion:

Address:

Phone: Mobile:

Please give your reasons for wanting your child to attend this school:

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What values do you see in Catholic education?

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In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves fitting into the life of your parish?
(For example: Acolytes, Altar Servers, Readers, Catechists, Planned Giving Program, Youth Group, Church Cleaning, Altar Society, Prayer Group, St Vincent de Paul, Choir, Musicians, Legion of Mary, Care Group, Family Activities, Family Mass, the Catholic Community, P&F Parent Roster, other gifts).

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Where does your family attend Mass? (Parish):

How long has your family been attending this church?

- under 6 months 6 months to 1 year 1 to 2 years 2 years or more

How often has your family attended Mass during the past two years?

- Weekly Fortnightly Monthly Occasionally Yearly Not at all

Do any of your family members participate in community activities? Yes No

PARENTS' DECLARATION

Are you prepared to accept a commitment to give your child every opportunity to experience his/her faith and encouragement to practise it? Yes No

Are you ready to commit yourself to support the moral and ethical values, ethos and teaching of the Catholic Church? Yes No

Are you prepared to support and participate in the Sacramental Program that prepares Catholic children to receive the Sacrament(s)? Yes No

If your child is willing to participate in the Sacramental celebrations, will you accept his/her decision? Yes No

I / We confirm that to the best of my / our knowledge the information given on this application form is correct and that I / we have not omitted any important information. I / We am / are aware that any false information or the omission of information may disqualify my / our child from being enrolled to this school.

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Father's / Guardian's signature

.....
Mother's / Guardian's signature

TO BE COMPLETED BY THE PARISH PRIEST OR HIS DELEGATE

Please complete the information below in reference to the family information above.

Do you know the family personally? Yes No How long? months / years

Is the family actively involved in the life of the Church? Yes No Uncertain

Does the family regularly attend Mass and receive the Sacraments? Yes No Uncertain

Do you believe that parental attitudes towards the values, beliefs and practice of the Catholic faith, are such that the school and home would be able to work successfully in the areas of Faith Education?

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Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

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- I recommend this application for enrolment.
- I give provisional recommendation for this application.
 - Catholic student whose family is not practising.
 - Catholic student whose family is not practising but sibling(s) is / are in this school.
 - Christian student whose sibling(s) is / are in this school.
 - Non-Catholic students whose sibling(s) is / are in this school.
- I do not recommend this application.



Further comments:
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Parish Priest's Full Name

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Parish Priest's Signature

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Date