

DIOCESE OF BROKEN BAY

Section A:

PARISH PRIEST'S REFERENCE FORM FOR SCHOOL ENROLMENT

REFERENCE FORM MUST BE COMPLETED FOR EACH APPLICATION
(to be completed by parents for Years K-6)

For Enrolment in: **HOLY FAMILY CATHOLIC PRIMARY SCHOOL, LINDFIELD**

Child's Full Name: _____

Child's Religion: _____

Address: _____

Telephone Number: (home) _____ (mobile) _____

Parish of Residence: _____

Parish where you regularly attend Mass: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

How does the family contribute to the Parish Community?

For example: (please tick whichever applicable)

- Acolytes Altar Servers Readers
- Catechists Planned Giving Programme Care Group
- Youth Group Church Cleaning Altar Society
- Prayer Group St Vincent De Paul Choir / Musicians
- Catholic Women's League School P&F Association
- Other (please state) _____

Signed: _____ Date: _____

Section B:

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 then 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? _____

Are you willing to accept responsibility for payment of approved levies for support of the school? _____

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: _____

(if necessary)

Signed: _____

Parish Priest of Residence

PARISH SEAL