

ST MUNCHIN'S CATHOLIC SCHOOL

REVEREND / PASTOR'S REFERENCE

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

Please complete this section and present this form to the person responsible for your religious faith or if you don't have any affiliation to any particular religious faith to the Parish Priest of Gosnells who will complete it and make a recommendation to the Principal. Please provide a stamped, addressed envelope to Enrolments, St Munchin's Catholic School, PO Box 172, Gosnells WA 6990.

Enrolment Form for St Munchin's Catholic School, Gosnells

Year enrolling: Level of Entry:

Child's Full Name:

Date of Birth: / / Place of Birth:

Child's Religion:

If other Christian Denomination, has the child been baptised? Yes / No

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

Are you an active member? Yes / No

If Yes, the place of worship How long?

What roles are you involved in your faith community?

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

Are you an active member? Yes / No

If Yes, the place of worship How long?

What roles are you involved in your faith community?

Address:

Fixed 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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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.

.....
Father's / Guardian's signature

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

TO BE COMPLETED BY THE RELIGIOUS PERSON MAKING THE RECOMMENDATION

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

Is the family actively involved in their faith community? Yes No Uncertain

Does the family regularly attend with the worshipping community? Yes No Uncertain

I recommend this application for enrolment with the provision and mandate of the Catholic Education allocation of non Catholics at St Munchin's Catholic School.

I do not recommend this application.



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Reverend / Pastor's Full Name

.....
Reverend / Pastor's Signature

.....
Date