NOTRE DAME PARISH

(COMBINED PARISHES OF BELMONT-REDCLIFFE AND CLOVERDALE)

PARISH PRIEST REFRENCE FORM

PLEASE PRINT & USE BLACK INK

Dear Parents/Caregivers

The Catholic Education Commission of WA Student Enrolment Policy requires the enrolling Principal to consult the Parish Priest when enrolling new students. Completion of this form and meeting with the Parish Priest forms part of the enrolment process. Please contact the Parish Administrative Assistant to arrange a meeting time with the Parish Priest.

To be completed by Parent(s):

Name of Parish:	Name of Priest:	
Name of Student:	DoB:	
Baptised: Yes / No Church:	Year:	
Current School:	Grade:	
Name of School for Reference Form:		
School Address:		
School Telephone Number:	Fax:	
Name of Mother:	Religion:	
Name of Father:	Religion:	
Address:		
Telephone:	Mobile:	
In a Catholic school, the Parish and the sc	Scripture Teacher:	
List your participation in Parish activities	e.g., Reader, Special Minister, Parish Council, St Vincent de Paul	
Do you believe there is sufficient faith life ar	nd atmosphere in your home for the school to build on?	
Any other comments?		
Parent Signed:	Date:	
Parent Signed:	Date:	

Presbytery and Parish Office: 345 Wright Street, CLOVERDALE WA 6105 Mailing Address: PO Box 329, CLOVERDALE WA 6105

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TO BE COMPLETED BY PARISH PRIEST in reference to the Parish Priest Reference form.

PRIVATE AND CONFIDENTIAL

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Is the family known to you? Yes	No	O
Q1. Is the family actively involved	in the life of the Church?	
Q2. Do you believe that parental Faith are such that the school and		
Q3. Are there any pastoral circum about this student's enrolment?	stances you consider need to be t	taken into account in the decision
Q4. Any other comments:		
Q5. Are there any pastoral circur into our school?	nstances to be considered regard	ding the enrolment of this family
Q6. Any other comments:		
Speak strongly on their behalf	Prepare to recommend	Have reservations
Parish Priest:		
Parish:		
Signed:	Date:	

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