



## Mel Maria Catholic Primary School

33 Davidson Road, Attadale WA 6156

Telephone: 6330 0500

Fax: 9330 1560

### PARISH PRIEST'S REFERENCE

Please arrange an appointment time with the Parish Priest **only 18 months or less prior** to your child's requested date of commencement at Mel Maria

Dear Parent / Guardian

The Student Enrolment Policy of the Catholic Education Commission of WA requires Principals to consult with the Parish Priest when enrolling new students. Completion of this form and meeting with the Parish Priest forms part of the enrolment process at Mel Maria.

#### **This section to be completed by parents/guardians:**

Please fill in this section and hand to your Parish Priest who will complete the form making a recommendation to the Principal

<u>Full Name of Student/s</u>	<u>DOB</u>	<u>Year of Enrolment</u>	<u>Baptised</u>
1. _____	_____	(e.g. 2015) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. _____	_____	(e.g. 2015) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. _____	_____	(e.g. 2015) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Address: _____		Ph (H): _____	
_____		MOB: _____	
Name of father/male guardian: _____		Religion: _____	
Name of mother/female guardian: _____		Religion: _____	
If your child is at a Government school, do they attend school scripture classes in the Parish? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you regularly celebrate Sunday Mass? Often <input type="checkbox"/> On Occasion <input type="checkbox"/> Rarely <input type="checkbox"/>			
Do you participate in Parish Activities? _____			
Any other comments? _____			
_____			
_____			
<b><u>Parent / Guardian Signatures:</u></b>			
(Father/Male Guardian) _____		Date _____	
(Mother /Female Guardian) _____		Date _____	

(See overleaf for Information to be completed by your Parish Priest)

***This section to be completed by Parish Priest or his delegate and forwarded to the school.  
(See forwarding address below)***

**Thank you for your anticipated assistance.**

<b>1</b>	Is the family known to you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	HOW LONG? _____ (months/years)
<b>2</b>	Does the family regularly attend Mass and the sacraments?	YES <input type="checkbox"/> NO <input type="checkbox"/>	UNCERTAIN <input type="checkbox"/>
<b>3</b>	From your knowledge of this family, would you consider there is sufficient faith life and atmosphere in the home for the school to build on?	YES <input type="checkbox"/> NO <input type="checkbox"/>	UNCERTAIN <input type="checkbox"/>
<b>4</b>	Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?	COMMENT	

**Overall Parish Priest Recommendation (please only mark one box)**

**Speak strongly** YES   
**on their behalf**

**Prepared** YES   
**to recommend**

**Have Reservations** YES

**Parish Priest's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NAME OF PRIEST (Please print):** \_\_\_\_\_

**NAME OF PARISH : (Please print)** \_\_\_\_\_

**Please forward by post to:**

**Administration  
Mel Maria Catholic Primary School  
33 Davidson Road  
Attadale WA 6156**