

The Church of Saint Patrick
Corner RoystonParade and
Baldwin Avenue, Asquith

Pastoral Centre
1-19 Woodcourt Rd
Berowra Heights

The Church of Saint Bernard
Warrina Street
Berowra Heights



KU-RING-GAI CHASE
CATHOLIC PARISH
Diocese of Broken Bay, Austrab

PO Box 335, Berowra Heights NSW 2082, Australia
P: 02 9456 2450
E: parishkccp@dbb.org.au Web: www.kccp.dbb.org.au

Section A:

**PARISH PRIEST'S REFERENCE FORM FOR SCHOOL ENROLMENT
REFERENCE FORM MUST BE COMPLETED FOR EACH APPLICATION**

For Enrolment in (please tick): **ST PATRICK'S CATHOLIC PRIMARY SCHOOL ASQUITH**
ST BERNARD'S CATHOLIC PRIMARY SCHOOL BEROWRA HEIGHTS

Child's Full Name: _____

Child's Religion: _____ Child's Date of Birth: _____

Address: _____

Telephone Number: (home) _____ (mobile) _____

Email: _____

Parish of Residence: _____

Parish where you worship: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Mother's Maiden Name: _____

Our schools are part of our Parish family and are supported spiritually and financially by this faith community.

Please indicate your **CURRENT** involvement in **PARISH** life: (please tick whichever applicable)

<input checked="" type="checkbox"/>	Acolytes	<input checked="" type="checkbox"/>	Choir / Musicians	<input checked="" type="checkbox"/>	Planned Giving Programme
<input type="checkbox"/>	Altar Servers	<input type="checkbox"/>	Church Cleaning	<input type="checkbox"/>	Readers
<input type="checkbox"/>	Altar Society	<input type="checkbox"/>	Communion to the Sick	<input type="checkbox"/>	Sacramental Programme
<input type="checkbox"/>	Catechists	<input type="checkbox"/>	Finance	<input type="checkbox"/>	St Vincent De Paul
<input type="checkbox"/>	Catechesis of the Good Shepherd	<input type="checkbox"/>	Maintenance Group	<input type="checkbox"/>	Other (please state)

How would you like to become involved in PARISH life: (responses will be followed up upon)

I would like to **contribute to my parish by** : _____

What value do you see in Catholic Education?

Signed: _____ Date: _____

Section B:

CONFIDENTIAL REFERENCE FROM PARISH PRIEST OF RESIDENCE

If this form is completed by the Parish Priest where the family worships, the completed form is then forwarded to the Parish Priest of residence for endorsement.

Child's Full Name: _____

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? _____

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 SEAL

Parish: _____

(if necessary)

PARISH SEAL

Signed: _____

Parish Priest of Residence