CONFIDENTIAL PARISH PRIEST REFERENCE FORM

MARIST CATHOLIC COLLEGE PENSHURST – Year 7 Enrolment

The family listed below have applied for their child to attend Marist Catholic College Penshurst. Could you please complete the section of the form pertaining to the Parish Priest and it would be appreciated if you could return it directly to:

Mr Ray Martin
Marist College Penshurst
65 Victoria Avenue
Mortdale NSW 2223

Thank you for your time.
This reference will be treated confidentially.

NAME OF ENROLLING STUDENT: __________________________________________________________

Current Primary School: ________________________________________________________________

Name of Mother/Guardian: _____________________________________________________________

Name of Father/Guardian: _____________________________________________________________

Parish Priest: _________________________ Parish: _______________________________________

SACRAMENTAL DETAILS:

<table>
<thead>
<tr>
<th>Sacrament</th>
<th>Parish</th>
<th>Date Received</th>
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<tbody>
<tr>
<td>Baptism</td>
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<td>Reconciliation</td>
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<td>Eucharist</td>
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<td>Confirmation</td>
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FAMILY PARISH INVOLVEMENT:

Please tick the box that most accurately describes your family’s attendance at Mass:

- WEEKLY
- MONTHLY
- OCCASIONALLY
- CHRISTMAS AND/ OR EASTER ONLY

Please nominate your family participation in other Parish activities, for example; Planned Giving Program, Reading at Mass, Altar Service, Choir, Music, Membership of Parish Committees, Youth Groups, Church Cleaning, Working Bees, or other activity.

1.__________________________________________________________________________________
2.__________________________________________________________________________________
3.__________________________________________________________________________________
4.__________________________________________________________________________________

THIS SECTION IS TO BE COMPLETED BY THE PARISH PRIEST

☐ Yes  Baptised Catholic child of a regularly working Catholic family with strong demonstrable links to the parish.

☐ Yes  Application based on ‘special pastoral circumstances’.

☐ Yes  _____________________________________________________________

☐ No  I do not support this application.

Parish Priest Comment: (Optional)

______________________________________________________________________________
______________________________________________________________________________

Recommendation made by:

Position: ____________________________  Parish: ____________________________

Signature: ____________________________