



# MERCY CATHOLIC COLLEGE

DIOCESE OF BROKEN BAY  
Parish Priest Reference Form

## PARISH PRIEST'S REFERENCE FORM FOR SCHOOL ENROLMENT

### SECTION A

Student's full name: \_\_\_\_\_ Year Level \_\_\_\_\_ Entry Year \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Parish of Residence: \_\_\_\_\_

Parish where you regularly attend Mass: \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_ Religion: \_\_\_\_\_

### Sacraments – Date Received – Parish Received

Baptism: \_\_\_\_\_ Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Reconciliation: \_\_\_\_\_

### How does the family contribute to parish life?

For example: Acolytes, Altar Server, Readers, Catechists, Planned Giving Program, Antioch, Youth Group, Church Cleaning, Altar Society, Prayer Group, St Vincent de Paul, Choir Musicians, Legion of Mary, Catholic Women's League, Care Group, School, Parents & Friends Association, or other.

Please state: \_\_\_\_\_

\_\_\_\_\_

As parents, what values do you see in Catholic Education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ (Mother) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Father) Date: \_\_\_\_\_

**Parents are to phone the Parish Priest to make an appointment for this reference to be completed.**

MERCY CATHOLIC COLLEGE CHATSWOOD  
101 Archer Street, Chatswood NSW 2067

Tel: (02) 9419 2890 Email: mercy@dbb.catholic.edu.au Web: www.mercychatswood.nsw.edu.au

**CONFIDENTIAL REFERENCE FROM PARISH PRIEST OF RESIDENCE**

This form is to be completed by the Parish Priest where the family regularly worships. The completed form is then to be forwarded to the Parish Priest of residence (where you live) for endorsement.

**SECTION B**

Student's Name: \_\_\_\_\_ Year Level \_\_\_\_\_

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 applicant for enrolment:

I give provisional recommendation for this application:

I do not recommend this application:

Any further comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Parish: \_\_\_\_\_

Parish Seal

(If necessary)

Signed: \_\_\_\_\_

Parish Priest of residence

**Please forward to the:**

College Registrar

Mercy Catholic College

101 Archer Street, CHATSWOOD 2067