

STATEMENT OF PARISH COMMITMENT

This Statement will be taken to your **Nominated Parish** for confirmation by your parish priest.

The item **Nominated Parish** means the parish where you normally attend Mass, and where you are most confident the Parish Priest will be able to act as referee.

TO BE COMPLETED BY THE <u>PARENTS/CAREGIVERS</u> OF THE APPLICANT
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NAME: _____
Student's Name

Mothers Name

Fathers Name

ADDRESS:

Post Code:

PRESENT SCHOOL:

Please tick (☐) the most appropriate box, and supply any additional information which would assist in the selection process.

Attending Parish:

☐ family is **actively involved** in the above parish.

☐ family attends Mass **regularly** in the above parish.

☐ family attends Mass **about once a month** in the above parish.

☐ family attends Mass **less than once a month** in the above parish.

☐ family **does not attend** Mass.

☐ her, please give details.

☐ family contributes to the Planned Giving Envelope No.

PRIEST DECLARATION

To be filled in **only** by the Parish Priest. The information provided by the designated Parish Priest will determine which applicants are successful.

Name of Parish Priest:

SECTION 1

1. ☐ Family is actively involved in the parish.
2. ☐ Family attends Mass regularly in the parish.
3. ☐ Family attends Mass about once a month in the parish.
4. ☐ Family attends Mass less than once a month in the parish.
5. ☐ Family does not attend Mass.
6. ☐ Family gives financial support to the parish.

SECTION 2

From your information, could you make the following recommendation:

1. ☐ Highest Recommendation: - regular church attendance
- active involvement with parish
- contribution to planned giving
2. ☐ Strong Recommendation: - regular church attendance
- active involvement with parish OR
contribution to planned giving
3. ☐ Recommended: - regular church attendance
- completed sacramental program.
4. ☐ Satisfactory: - irregular church attendance (i.e. once a month)
- sacramental program incomplete.
5. ☐ Do Not Recommend:

Other comments:

Parish Stamp

Date: _____

Parish Priest

***THIS DECLARATION TO BE FORWARDED DIRECTLY TO
ST FRANCIS CATHOLIC COLLEGE
Mail : PO Box 29, HOXTON PARK 2171 or
Email : enrolments_sfcc@dow.catholic.edu.au***