

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 PARENTS/CAREGIVERS OF THE APPLICANT

NAME: _____
Student's Name Mothers Name

YEAR/CLASS: _____
Fathers Name

ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

PRESENT SCHOOL: _____

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

Attending Parish:

- ☐ Our family is **actively involved** in the above parish.
- ☐ Our family attends Mass **regularly** in the above parish.
- ☐ Our family attends Mass **about once a month** in the above parish.
- ☐ Our family attends Mass **less than once a month** in the above parish.
- ☐ Our family **does not attend** Mass.
- ☐ Other, please give details.
- ☐ Our family contributes to the Planned Giving Envelope No. _____

PRIEST DECLARATION

CHILD'S NAME: _____ YEAR APPLYING FOR: _____

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

Parish Priest

Date: _____

***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***