

Dear Parents,

## PARISH PRIEST REFERENCE

for families seeking enrolment at Liwara Catholic School

	n and take this form to your Parish Priest with the request to complete it and send it back
as soon as possible to	The Principal
	Mrs Andrea Millar
	Liwara Catholic Primary School
	PO Box 63 Greenwood WA 6024
	Ph: 9448 3811 Fax: 9448 8256
Name of Student:	
Address:	
Phone Number:	D O B:
Name of Mother:	Name of Father:
Parish:	Parish Priest:
I currently am/would like to Please tick the following:	<ul> <li>be involved in Parish activities.</li> <li>Parish Council</li> <li>Reader</li> <li>Children's Liturgy</li> <li>St Vincent de Paul</li> <li>Cleaning</li> </ul>
Dear Parish Priest,	Other
Please complete the inform	ation below in reference to the family information above.
1. How long have you	known this family?
<ol><li>Does the family pa Sacraments? YES/N</li></ol>	rticipate regularly in the practice of the Catholic Faith i.e. participation in Mass and the IO/UNCERTAIN
•	ge of the family what kind of influence would you consider the family would have on the ommunity? POSITIVE/NEGATIVE/UNCERTAIN
4. Are there any pasto	oral circumstances you consider need to be taken into account in the decision about this our School?

5. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work together successfully in areas in Faith Education.

\_ PARISH\_\_\_

0