

## PARISH PRIEST REFERENCE

for families seeking enrolment at Liwara Catholic School

Dear Parents,

Please complete this section 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 (08) 6224 2000

Name o	f Student:			
Address	5:			
Phone N	Number:		D O B:	
Name of Mother:		Name of Father:		
Parish:		Parish Priest:		
l curren	tly am/would like to	be involved in Parish activitie	·S.	
Please t	ick the following:	☐ Parish Council☐ Reader☐ Children's Liturgy☐ St Vincent de Paul☐ Cleaning☐ Other☐ ☐		
	rish Priest, complete the inform	ation below in reference to th	e family information ab	pove.
<ul><li>2.</li><li>3.</li><li>4.</li></ul>	How long have you known this family?			
	such that the school	and home would be able to	work together successfo	practices of the Catholic Faith are ully in areas in Faith Education.
	SIGNED	PARISH	1	DATE