

The Church of Saint Patrick  
Corner RoystonParade and  
Baldwin Avenue, Asquith

Pastoral Centre  
1-19 Woodcourt Rd  
Berowra Heights

The Church of Saint Bernard  
Warrina Street  
Berowra Heights



KU-RING-GAI CHASE  
CATHOLIC PARISH  
Diocese of Broken Bay, Austrab

PO Box 335, Berowra Heights NSW 2082, Australia  
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**Section A:**

**PARISH PRIEST'S REFERENCE FORM FOR SCHOOL ENROLMENT  
REFERENCE FORM MUST BE COMPLETED FOR EACH APPLICATION**

For Enrolment in (please tick): **ST PATRICK'S CATHOLIC PRIMARY SCHOOL ASQUITH**   
**ST BERNARD'S CATHOLIC PRIMARY SCHOOL BEROWRA HEIGHTS**

Child's Full Name: \_\_\_\_\_

Child's Religion: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

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

Telephone Number: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

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

Parish where you worship: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Our schools are part of our Parish family and are supported spiritually and financially by this faith community.**

**Please indicate your CURRENT involvement in PARISH life: (please tick whichever applicable)**

<input checked="" type="checkbox"/>	Acolytes	<input checked="" type="checkbox"/>	Choir / Musicians	<input checked="" type="checkbox"/>	Planned Giving Programme
<input type="checkbox"/>	Altar Servers	<input type="checkbox"/>	Church Cleaning	<input type="checkbox"/>	Readers
<input type="checkbox"/>	Altar Society	<input type="checkbox"/>	Communion to the Sick	<input type="checkbox"/>	Sacramental Programme
<input type="checkbox"/>	Catechists	<input type="checkbox"/>	Finance	<input type="checkbox"/>	St Vincent De Paul
<input type="checkbox"/>	Catechesis of the Good Shepherd	<input type="checkbox"/>	Maintenance Group	<input type="checkbox"/>	Other (please state)

**How would you like to become involved in PARISH life: (responses will be followed up upon)**

I would like to **contribute to my parish by** : \_\_\_\_\_

What value do you see in Catholic Education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Section B:**

**CONFIDENTIAL REFERENCE FROM PARISH PRIEST OF RESIDENCE**

*If this form is completed by the Parish Priest where the family worships, the completed form is then forwarded to the Parish Priest of residence for endorsement.*

Child's Full Name: \_\_\_\_\_

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 application for enrolment* [  ]

*I give provisional recommendation for this application* [  ]

*I do not recommend this application* [  ]

**Any further comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

PARISH SEAL

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

(if necessary)

PARISH SEAL

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

Parish Priest of Residence