

## MAZENOD COLLEGE PARISH REFERENCE

## Dear Parents/Guardians

As part of your Application for Enrolment for your son at Mazenod College, you may wish to obtain a Parish Priest's Reference. When visiting your Parish Office, please supply a stamped envelope addressed to Mazenod College or the email address is provided. Thank you.

Mr Simon Harvey (Principal)

THIS SECTION IS	S TO BE COM	PLETED BY 1	HE FAMILY	BEFORE SUBMITTING TO PARIS	H PRIEST
(Please print)					
FAMILY INFORM	ATION:				
NAME OF STUDE	:NT:				
DATE OF BIRTH:	ATE OF BIRTH:/			DESIRED YEAR OF ENTRY:// (e.g. Year 7/2023)	
NAME OF CURRE	ENT SCHOOL:				
NAME OF PAREN	ITS/GUARDIA	NS:			
NAMES OF OTHE	R FAMILY ME	MBERS:			
CURRENT ADDR	ESS:				
NAME OF PARISI	H PRIEST:				
PARISH:					
NUMBER OF YEA	ARS IN, OR IN	VOLVED WIT	H, THE PAR	SH:	
SACRAMENTS R	ECEIVED:				
Baptism	YES	NO	Year	Parish	
Eucharist	YES	☐ NO	Year	Parish	
Confirmation	YES	NO	Year	Parish	
Reconciliation	YES	NO	Year	Parish	
FAMILY'S PARIS eg Regular attend  FAMILY'S COMM	ance, Parish P	lanned Giving	, Reader, Eu	charistic Ministry, Catechist, other	

## THIS SECTION TO BE COMPLETED BY THE PARISH PRIEST OR PARISH REPRESENTATIVE

RECOMMENDATION BY THE PARISH PRIEST:					
<ul> <li>I recommend this family strongly</li> </ul>					
<ul><li>I recommend this family</li></ul>					
I am not in a position to recommend this family					
<ul> <li>This family might not be a good fit for Mazenod</li> </ul>					
Supporting Comments:					
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Parish Priest Signature:					
Date:					

PLEASE SEND THIS REFERENCE TO:

Mr Simon Harvey Principal Mazenod College 55 Gladys Road LESMURDIE WA 6076

Email: registrar@mazenod.wa.edu.au