



# Aquinas College Parish Priest Reference Form

A Parish Priest Reference helps identify children of families who are involved in the broad mission of the Catholic Church and will assist in the strength of an application.

Please ensure you have completed an Aquinas College Enrolment Application Form **BEFORE** completing the Parish Priest Reference Form.

*Please complete the first section of the form, then contact your parish directly to arrange completion of the second section by the Parish Priest.*

Name of Parish Priest and Parish Name: \_\_\_\_\_

Full name of student: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

Year of entry: \_\_\_\_\_

Current School: (if applicable) \_\_\_\_\_

Application year: (Pre-Kindy - Year 12) \_\_\_\_\_

If at a Government school, has the child attended sacramental classes in the Parish? YES / NO

In a Catholic school, the Parish and the College work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

Please list your participation in Parish activities e.g., Reader, Special Minister, Parish Council, St Vincent de Paul.

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

Name of Parent/Guardian 1: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

Phone number: \_\_\_\_\_

## To be completed by the Parish Priest or his delegate

*Please complete the information below in reference to the family information above.*

**Q1** Is the family actively involved in the life of the Church?  
\_\_\_\_\_  
\_\_\_\_\_

**Q2** 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 cooperatively in Faith Education?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q3** Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment at Aquinas College?  
\_\_\_\_\_  
\_\_\_\_\_

**Q4** Any other comments.  
\_\_\_\_\_  
\_\_\_\_\_

Parish Priest Signature: \_\_\_\_\_

Parish Priest Name: \_\_\_\_\_

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

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

Please return completed form to:  
**enrolments@aquinas.wa.edu.au**

08 9450 0600  
58 Mount Henry Road, Salter Point,  
WA 6152, AUSTRALIA  
**aquinas.wa.edu.au**