



# St Columba's School

## Bayswater

32 Roberts Street  
BAYSWATER WA 6053  
PO Box 61  
BAYSWATER WA 6933  
Tel: 08 9208 2700  
Fax: 08 9370 3985  
admin@stcolumbas.wa.edu.au  
www.saintcolumbas.com.au

Grow in Faith      Seek Wisdom      Live in Peace

Dear Parent/Guardian

On behalf of the St Columba's School Community, I would like to sincerely thank you for your interest in St Columba's School, Bayswater.

Enclosed in this package are relevant documents and information relating to enrolling your child at St Columba's. Our Enrolment Policy is available on our school website and our Administration staff are available to answer questions relating to this process.

Please ensure that **all relevant forms have been FULLY completed and any relevant certificates have been attached** as any pending documentation will delay the enrolment process.

In order for an application to be lodged, the following documents/checklist must be submitted:

Application Checklist:

- Student Enrolment Application Form (**signed by both parents/guardians**)
- Enrolment Application Fee \$55.00 (non-refundable per application)
- Birth Certificate (copy)
- Baptism Certificate (copy)
- Australian immunisation register (AIR) history statement (copy)
- Parish Priest Reference Form
- Visa Documents (copy) - If Applicable

We look forward to the return of your enrolment application and thank you for your interest in St Columba's School.

Yours faithfully

Art Lombardi  
Principal



# St Columba's School

## Bayswater

32 Roberts Street  
 BAYSWATER WA 6053  
 PO Box 61  
 BAYSWATER WA 6933  
 Tel: 08 9208 2700  
 Fax: 08 9370 3985  
 admin@stcolsbays.wa.edu.au  
 www.saintcolumbas.com.au

Grow in Faith      Seek Wisdom      Live in Peace

### ENROLMENT POLICY

#### RATIONALE

*St Columba's School Bayswater, established by the Sisters of Mercy in 1936, is a co-educational Catholic primary school that follows the guidelines and policies set down by the Catholic Education Commission of Western Australia. St Columba's a double stream school enrolling boys and girls from 3 Year Old Pre-Kindy to Year 6.*

*The Enrolment Policy of St Columba's is based on the Catholic Education Commission principle of striving to make Catholic schooling available to children whose parents wish for them to be educated in an environment which has the Gospel, including its values, and a Catholic ethos as its basis.*

#### PROCEDURE FOR APPLICATION

- Application forms must be submitted for all children seeking enrolment in St. Columba's school. These forms are available from the school office or the school website [www.saintcolumbas.com.au](http://www.saintcolumbas.com.au). The Enrolment Application form must be signed by both parents/guardians.
- A copy of each child's Baptismal Certificate, Birth Certificate and Immunization details must be attached to the application form when it is submitted.
- A copy of Visa documents when applicable.
- Kindergarten is the initial enrolling year for the school.
- For students to be eligible for Kindergarten they must turn four (4) before 30 June.
- It is understood that enrolment in Kindergarten guarantees enrolment for Pre-Primary to Year Six.
- Applicants (Kindergarten only) will be invited to attend an interview usually mid-March / April of the year preceding enrolment.
- In the event that an applicant is advised they will be placed on a waitlist their position on the list will be maintained for 12 months. Written notification needs to be submitted annually in order to maintain the status of the application.
- The Application Fee of \$55 (inc GST) is non-refundable and is no guarantee that the student will be enrolled at St Columba's School, Bayswater.

#### INTERVIEW PROCESS

- Interviews are required for all children prior to confirmation of enrolment at St Columba's.
- Parents will be notified of interview times by letter or phone.
- We invite the student being enrolled into the school to attend the interview.
- Letter from the Principal offering placement asking families to accept or reject offer.
- Parents/Caregivers are required to complete and sign the Saint Columba's School Enrolment Agreement.
- A \$300 deposit will need to be paid to secure the position offered of which \$200 will be deducted from the child's fees the following term. This deposit is non-refundable should an application be withdrawn.

#### SELECTION CRITERIA

When enrolling students consideration is given to the following in priority:

- Catholic students from the Bayswater Parish with a Parish Priest reference.
- Catholic students from outside the Parish with a Parish Priest reference.
- Other Catholic students.
- Siblings of non-Catholic students.
- Non-Catholic students from other Christian denominations.
- Other Non-Catholic students.

The Principal in conjunction with the Parish Priest has discretion for the enrolment of special cases.

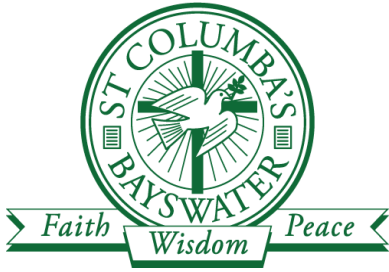
No enrolment application is refused on the basis of financial hardship.

Parents are advised that enrolment at St. Columba's does not guarantee automatic entry to Catholic Secondary Schools.

#### IMPORTANT INFORMATION

Completion of a St Columba's Enrolment Form and acceptance of the application by the school does not guarantee a place at the school nor does it guarantee an enrolment interview. Enrolment at St Columba's School is not a guarantee of enrolment in any other Catholic school. If a parent or guardian has knowingly withheld information relevant to the application/enrolment process then the Principal reserves the right to refuse, or terminate enrolment on that ground; Special attention to the "AGREEMENT" section of the St. Columba's School Enrolment Form must be noted and signed.

Document Title: Enrolment Application Form				
Approved By	AL	Next Review Date	02/02/2021	Printed copies of this document are not controlled. 2007, 2008, 2009, 2011, 2013, 2015, 2016, 2018, 2019
Originally Released	Unknown	Review Frequency	Reviewed 12/02/2019	



## ST COLUMBA'S SCHOOL ENROLMENT APPLICATION FORM

Office Use Only	
\$55 Application Fee Rcvd by: _____	
Date Paid: _____	
Year Level Checked By: _____	
Accepted/Declined: _____	
Parish Priest Ref Rcvd: _____	
Date Accepted/Declined: _____	
\$300 Enrolment Fee Rcvd by: _____	
Date Paid: _____	
Processed By/Date: _____ / _____	

If applying for the Pre-Kindergarten Program, do you want your child to be considered for enrolment in Kindergarten to Year 6? \_\_\_\_\_

**Please note that acceptance into the Pre-Kindergarten program does not guarantee a place in Kindergarten the following year.**

### STUDENT INFORMATION

Date of Admission Required: _____	Year Level: _____
Student's Surname: _____	Nationality: _____
First Name: _____	Country of Citizenship: _____
Preferred Name: _____	Birth Certificate Attached: <span style="float: right;">Yes / No</span>
Address: _____	Aboriginal/Torres Strait Islander: <span style="float: right;">Yes / No</span>
State: _____ Post Code: _____	Australian Permanent Resident: <span style="float: right;">Yes / No</span>
Phone No: _____	Visa Code: _____
Date of Birth: _____ Birth Place: _____	Date of Arrival in Australia: _____
Sex: Male / Female	<u>MAIN</u> Language Spoken at Home: _____

Religious Denomination: _____	Parish Priest: _____
Parish: _____	Suburb: _____
Date of Reception of Sacraments: _____	Baptism Certificate Attached: <span style="float: right;">Yes / No</span>
Baptism: _____ Reconciliation: _____	First Communion: _____ Confirmation: _____
Present School: _____	Location: _____ Year Level: _____

### FAMILY INFORMATION

#### PARENT / GUARDIAN 1

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

#### PARENT / GUARDIAN 2

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

**CUSTODY / GUARDIANSHIP**

Name of person(s) with legal guardianship of the student: \_\_\_\_\_

If applicable a copy of any Parenting or Restraint Order is attached. Yes / No

Any other conditions enforced at law? \_\_\_\_\_

*Under the provisions of the Family Law Reform Act 1995 biological parents are regarded as having full parental responsibility unless a Parenting Plan or Court Order is presented stating otherwise.*

**SIBLINGS**

Name	Date of Birth	Year Level	School Currently Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STUDENT'S INDIVIDUAL NEEDS**

The *School Education Act 1999* requires the provision of: "details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G)

To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

Medical/Health Care \_\_\_\_\_

Medication \_\_\_\_\_

Physical \_\_\_\_\_

Mobility Access Issues \_\_\_\_\_

Psychological/Cognitive \_\_\_\_\_

Sensory (eg Vision/Hearing) \_\_\_\_\_

Behavioural or Safety \_\_\_\_\_

Communication \_\_\_\_\_

Allergies \_\_\_\_\_

If medication or medical/health care services are required during school hours please provide the relevant practitioner's details below.

Practitioner's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please attach a signed authorisation by the relevant practitioner.

**EXTERNAL SERVICE PROVISION (INCLUDES OUT OF SCHOOL CHILD CARE)**

Does your child receive any services from an external agency, which may affect educational arrangements? Yes / No

If so, please provide details below:

Service Provider: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Service/s accessed: \_\_\_\_\_

Does your child require special transport arrangements to and from school? Yes / No

Does your child receive respite care on a regular basis? Yes / No

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS / GUARDIANS)**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

**HEALTHCARE / PENSIONER CONCESSION CARD**

Do you hold a current Family Health Care or Pensioner Concession Card? Yes / No

**MEDICAL INFORMATION / IMMUNISATION RECORD**

F = Fully immunised                      N = Not immunised                      I = Incomplete immunisation                      P = Personal objections

- |                                      |  |                                      |                                     |                                  |
|--------------------------------------|--|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Measles     | <input type="checkbox"/> Mumps                         | <input type="checkbox"/> Rubella     | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pertussis<br>(Whooping Cough) | <input type="checkbox"/> Polio (OPV) | <input type="checkbox"/> Meningitis |                                  |

Immunisation Record attached Yes / No

Family Doctor / Medical Clinic: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

**ASTHMA**

Does your child suffer from Asthma? Yes / No

If 'Yes' an "action plan", together with a photo of your child and any medication, must be supplied to the School Office and classroom when your child commences school. A red hat must be worn by your child.

**ALLERGIES**

Does your child suffer from any known allergies? Yes / No

If 'Yes' an "action plan", together with a photo of your child and any medication, must be supplied to the School Office and classroom when your child commences school. A red hat must be worn by your child.

**MEDICAL EMERGENCY AUTHORISATION**

*I authorise the School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the School that if an emergency occurs requiring surgery, anaesthetic oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf and to provide to the medical practitioner any relevant medical information detailed in this form.*

Signature of Parent(s) / Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT / GUARDIAN 1

\_\_\_\_\_ Date: \_\_\_\_\_  
PARENT / GUARDIAN 2

**DISCLOSURE OF PERSONAL INFORMATION**

Personal information collected and stored by the school is subject to the Privacy Act and the CECWA Privacy Policy Statement. A copy of the CECWA Privacy Policy Statement can be obtained from the School, the Catholic Education Commission of Western Australia or the Catholic Education WA website.

## AGREEMENT

I/we understand and accept that the completion of this Application for Enrolment form and acceptance by the school does not guarantee an enrolment interview or a place at the school. Successful applicants will be determined in accordance with the school's enrolment criteria.

I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.

I/we understand that completion of this Application for Enrolment form and acceptance by the school does not guarantee the enrolment of that student in any other Catholic school.

I/we have completed this application form fully and truthfully to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld material information relevant to the application for enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated by the Principal on this ground.

I/we agree that the school may obtain copies of the student's educational, medical, psychological and other relevant records held by previous schools.

I/we agree that the school may transfer copies of the student's educational records, and any other relevant reports or medical information given to the present school to any receiving school to which the student may transfer in the future.

I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

**I/we agree that the Application Fee of \$55 (inc. GST) is non-refundable and is no guarantee that my child will be enrolled at St Columba's School Bayswater.**

**I/we agree that the Enrolment Fee of \$300, once paid, is non-refundable should I decide to withdraw the enrolment application for my child.**

**I/we have read and fully understand and agree to the terms and conditions set out in the School Fees Setting and Collection Policy.**

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

PARENT / GUARDIAN 1

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

\_\_\_\_\_  
PARENT / GUARDIAN 2

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

## PERMISSIONS

I give permission for my child to attend excursions/incursions and physical education activities within the guidelines of the School's Camp and Excursion Policy. I understand that I will be informed prior to the activity taking place.

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

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

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

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

I give permission for my child to travel to and from excursions and/or sporting activities travelling by chartered bus.

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

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

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

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

I give permission for my child to walk to and from venues within the immediate vicinity when accompanied by a teacher and the appropriate ratio of adults to children.

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

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

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

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

## COLLECTION NOTICE

1. The School (the Diocese both independently and through its Schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligation, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health (and Child Protection) laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes local diocese and the parish, Schools within other Diocese, other Diocese, medical practitioners, and people providing services to the School, including specialist visiting teachers, sport coaches, volunteers and counsellors.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from pupils, including images and photographs, is regularly disclosed to their parents or guardians. On occasion information/images and photographs, related to academic and sporting achievements, pupil activities and other news is published in School newsletter and magazine and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to the P & F Association to assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.



# St Columba's School Bayswater

32 Roberts Street  
BAYSWATER WA 6053  
PO Box 61  
BAYSWATER WA 6933  
Tel: 08 9208 2700  
Fax: 08 9370 3985  
admin@stcolsbays.wa.edu.au  
www.saintcolumbas.com.au

Grow in Faith      Seek Wisdom      Live in Peace

## St Columba's Primary School Enrolment Agreement

St Columba's School is a faith community which seeks to promote the learning and the development of its students.

As a school community we highly value the involvement and participation of parents within the life of the school. As the parent/guardian of a prospective student we ask you to tick the activities on the *Parent/Guardian Undertaking* form that you would like to be involved in while your child/ren are at this school. This information will be kept on file and you will be contacted by a staff member or a member of the Parents & Friends Association when assistance is required.

### Period of Validity

Name of Child: \_\_\_\_\_

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

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

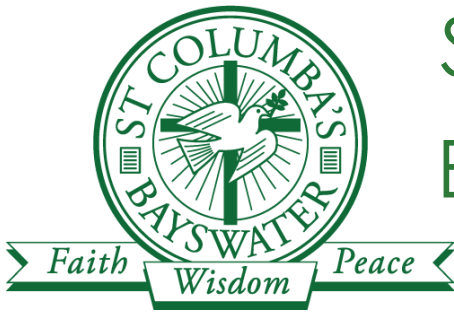
This agreement is valid from the date of commencement of attendance at the school \_\_\_\_/\_\_\_\_/\_\_\_\_ until the date of formal graduation or withdrawal from the school and is completed and signed when a place is offered and accepted.

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

Parent / Guardian

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





# St Columba's School Bayswater

32 Roberts Street  
BAYSWATER WA 6053  
PO Box 61  
BAYSWATER WA 6933  
Tel: 08 9208 2700  
Fax: 08 9370 3985  
admin@stcolumbas.wa.edu.au  
www.saintcolumbas.com.au

Grow in Faith    Seek Wisdom    Live in Peace

## Parent/Guardian Undertaking

1. Mindful of the need for close collaboration between parents and school staff, I undertake to accept the philosophy, policies and discipline process of the school and cooperate with the school in promoting them.
2. I or my spouse undertake to give service to the school community in any of the following ways for at least one year of the period of my child's enrolment at the school, except where exemption of the Principal has been sought and granted:

- Uniform Shop
- Volunteer to assist in my child's classroom
- Assisting with the school's sports program e.g. helping at school sports carnivals, early morning swimming training
- Membership on the School Board
- Participation in the Parent and Friends Association
- Assistance in the school library
- Coaching/training swimming, athletics, football, netball training/coaching
- Pastoral Care
- Any other way that circumstance permit and can be agreed upon by the Principal and the parents/care-givers detailed below

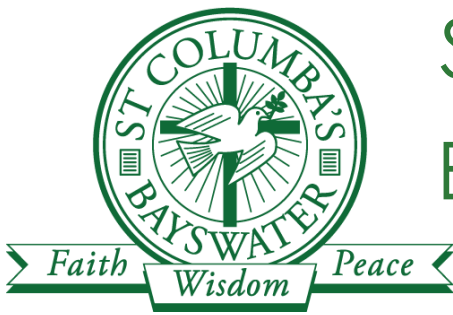
---

---

---

---

---



# St Columba's School Bayswater

32 Roberts Street  
BAYSWATER WA 6053  
PO Box 61  
BAYSWATER WA 6933  
Tel: 08 9208 2700  
Fax: 08 9370 3985  
admin@stcolsbays.wa.edu.au  
www.saintcolumbas.com.au

Grow in Faith    Seek Wisdom    Live in Peace

## PHOTOGRAPH/VIDEO PERMISSION FORM

Dear Parent/Guardian

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media. Catholic Education Western Australia (CEWA) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

Information about your child that may appear is outlined in the table below.

Publication	Photo / video	First Name	Surname	Year level	Student work
School website	✓	✓	✓	✓	✓
Social media	✓	X	X	✓	✓
Media	✓	✓	✓	✓	✓
School newsletter	✓	✓	✓	✓	✓
School yearbook	✓	✓	✓	✓	✓
CEWA publications	✓	✓	✓	✓	✓
Newspaper report	✓	✓	✓	✓	✓

We would like your permission to use your child's photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you,

Mr Art Lombardi  
Principal

## PHOTOGRAPH/VIDEO PERMISSION FORM

STUDENT'S NAME: \_\_\_\_\_

YEAR LEVEL: \_\_\_\_\_

**Please tick the relevant box.**

I give permission for my child's photograph/video and name to be published in promotional materials, newspapers and other media, the school website and social media (no names will be posted on social media). I authorise CEWA to use my child's photograph/video in material available to schools and education departments around Australia for promotional, marketing, media and educational purposes. I understand that this permission form is valid for the duration of my child's schooling at St Columba's School and agree that if I wish to withdraw this authorisation and consent at a later date, it is my responsibility to notify the school in writing.

I do not consent to my child's photograph/video appearing in the publications above.

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

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

Parent / Guardian



# St Columba's School Bayswater

32 Roberts Street  
BAYSWATER WA 6053  
PO Box 61  
BAYSWATER WA 6933  
Tel: 08 9208 2700  
Fax: 08 9370 3985  
admin@stcolumbas.wa.edu.au  
www.saintcolumbas.com.au

Grow in Faith    Seek Wisdom    Live in Peace

## Student History Form

**All information will be kept strictly confidential.**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you noticed any unusual speech patterns? (Articulation? Late talking?)

Has your child had ear infections? (Particularly between 12 and 36 months) Glue ear? Grommets?

Has your child had any visual problems? A lazy eye? Glasses?

Have you noticed unusual motor coordination patterns? (From crawling to colouring?)

Has your child had serious health problems?

Did your child experience a difficult birth? (Premature, etc.)

Any notable family circumstances in the child's early years?

Other relevant information that the school should be aware of?

Thank you for your cooperation.

Signature: \_\_\_\_\_

Parent / Guardian

Date \_\_\_\_\_

**PARISH PRIEST REFERENCE FORM**

*The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the Parish Priest. Completion of this form and presentation to the Parish Priest forms part of the enrolment process for St Columba's School, Bayswater. Contact should be made with the parish secretary to find out the process for the parish.*

**TO BE COMPLETED & SUBMITTED TO PARISH PRIEST BY PARENT**

To the Parish Priest at: \_\_\_\_\_

Full name of Student: \_\_\_\_\_ Year Level: \_\_\_\_\_ Year: 20 \_\_\_\_\_

Is the Student Baptised Catholic: Yes / No

Phone No: \_\_\_\_\_

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

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

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

Current School: \_\_\_\_\_

If Government School, does child attend out of school Scripture classes in the Parish? Yes / No

In a Catholic school, the parish and the school 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?

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

**TO BE COMPLETED & SUBMITTED TO THE SCHOOL BY PARISH PRIEST**

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

**Q1.** Is the family actively involved in the life of the Church? Please Provide Details:

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

**Q2.** How regularly does the family attend Mass? (Please circle)

Regularly                      Sometimes                      Rarely                      Never

**Q3.** 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 successfully in the areas of Faith Education?

\_\_\_\_\_

**Q3.** Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

\_\_\_\_\_

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

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

**The Parish Priest will email/deliver the completed form to the school.**