



## *Our Lady Star of the Sea Parish – Terrigal*

165 Serpentine Road, P O Box 4, Terrigal NSW 2260  
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### **Section A: (to be completed by parents/guardians)**

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

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

Child's Religion: \_\_\_\_\_ Baptism Date and Place: \_\_\_\_\_

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

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

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

Parish where you regularly attend Mass: \_\_\_\_\_

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

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

### **How does the family contribute to the Parish Community?**

For example: (please tick whichever is applicable)

- |                                                  |                                                   |                                                         |
|--------------------------------------------------|---------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Acolytes                | <input type="checkbox"/> Altar Servers            | <input type="checkbox"/> Readers                        |
| <input type="checkbox"/> Catechists              | <input type="checkbox"/> Planned Giving Program   | <input type="checkbox"/> Care Group                     |
| <input type="checkbox"/> Youth Group             | <input type="checkbox"/> Church Cleaning          | <input type="checkbox"/> Altar Society                  |
| <input type="checkbox"/> Prayer Group            | <input type="checkbox"/> St Vincent de Paul       | <input type="checkbox"/> Choir/Musicians                |
| <input type="checkbox"/> Catholic Women's League | <input type="checkbox"/> School P & F Association | <input type="checkbox"/> Fete Committee Fair By The Sea |

Other (please state) \_\_\_\_\_

What value do you see in Catholic Education?

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

**Section B:**

**CONFIDENTIAL REFERENCE FORM**

**To be completed by Parish Priest of residence – or alternately Parish Priest of worshipping community.**

*If Catholic and residing within the boundaries of OLSOS Parish, applicants can return this to OLSOS school – where section B will be processed internally.*

*Families from other Christian faiths (whether within the Terrigal parish boundaries or not) are asked to have their Church Minister complete, sign and stamp this form before returning to OLSOS school.*

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 of worship (if different to Parish of residence):* \_\_\_\_\_

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

PARISH SEAL

*Parish Priest of Residence*