



# **St Benedict's School Enrolment Application**



**70 Alness Street, APPLECROSS, WA, 6153**

**T: (08) 6217 3500**

**E: [enrolment@stbenedicts.edu.au](mailto:enrolment@stbenedicts.edu.au)**

**W: [www.stbenedicts.wa.edu.au](http://www.stbenedicts.wa.edu.au)**



## St Benedict's School

Dear Parent/Guardian,

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

Enclosed in this package are the relevant documents and information relating to enrolling your child at St Benedict's School. Our Administration Staff are available to answer any questions relating to this process via email [enrolment@stbenedicts.wa.edu.au](mailto:enrolment@stbenedicts.wa.edu.au) or by phone on 6217 3500.

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.

For an application to be lodged, the following documents/checklist must be submitted:

- Student Enrolment Application Form
- Registration fee \$55 (non-refundable per application)
- Birth Certificate (copy)
- Baptism Certificate (If applicable- copy)
- Immunisation records (copy)
- Parish Priest Meeting Form- via the Parish
- Copy of child's most recent School Academic Report and any additional reports if applicable

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

Yours faithfully,

Mr Steve Miranda

Principal

## Student

Circle Academic Year of Entry 

PK	K	PP	1	2	3	4	5	6
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 Calendar Year of Entry 

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Surname	Given Name/s	Date of Birth
		/ /

Address	State	Postcode

Gender	Birthplace	Nationality	Aboriginal/Torres Strait Islander	
Male    Female			Yes	No

If born outside of Australia:

Date of Arrival in Australia	Visa Category Number	Country of Citizenship	Main Language Spoken at home	Permanent Resident of Australia	
/ /				Yes	No

Current School (If Applicable)		Suburb		
Siblings Currently Attending St Benedict's School (If Applicable)	Name		Name	
	Name		Name	

Religious Denomination	Parish	Baptised		Date
		Yes	No	

## Mother/ Female Guardian (PLEASE CIRCLE)

Title	Surname	First Name/s

Address (as above if the same)	State	Postcode

Birthplace	Nationality	Australian Permanent Resident	Marital Status: Married/Divorced/Single/De facto/Widowed/Deceased/Separated

Religious Denomination	Parish (If Applicable)

Occupation	Employer

Contact Details	Home	Mobile	Business	Email

## Father/ Male Guardian (PLEASE CIRCLE)

Title	Surname	First Name/s

Address (as above if the same)	State	Postcode

Birthplace	Nationality	Australian Permanent Resident	Marital Status: Married/Divorced/Single/De facto/Widowed/Deceased/Separated

Religious Denomination	Parish (If Applicable)

Occupation	Employer

Contact Details	Home	Mobile	Business	Email

## Custody/ Guardianship

Name of person(s) with legal guardianship of the student	If applicable a copy of any Parenting or Restraint/Court Order is attached	
	Yes	No

*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.*

## Emergency Contact Details (OTHER THAN PARENTS/ LEGAL GUARDIAN)

Name of Contact	Relationship to Student	Contact Numbers
		Home
		Business
		Mobile

Name of Contact	Relationship to Student	Contact Numbers
		Home
		Business
		Mobile

## Medical Information

Past or present illness/injury/conditions. Has your child experienced any of the following? If so, please tick the box and give further details in the space provided over leaf.

Asthma	<input type="checkbox"/>	Tourette's Syndrome	<input type="checkbox"/>	Kidney/Bladder conditions	<input type="checkbox"/>
Allergy/Anaphylaxis	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Lung disorder	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Bowel ailments	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Bleeding/ Blood disorders	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Circulation problems	<input type="checkbox"/>
Back/Joint Injury	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Speech/ Language difficulties	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	Arthritis/ Rheumatism	<input type="checkbox"/>	ADD	<input type="checkbox"/>
Skin Ailments	<input type="checkbox"/>	Hepatitis A/B/C	<input type="checkbox"/>	ADHD	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Serious Illness/ Injury/ Operations/ Accidents	<input type="checkbox"/>	Mental Illness, including Depression or anxiety	<input type="checkbox"/>
Sight Impairment	<input type="checkbox"/>				

Does your child have any medically diagnosed conditions? (If yes please detail)

Yes  No

If so, please detail name of medical diagnosis, service provider and contact details

Does your child have a medical action plan? (If yes please detail)

Yes  No

If so, please provide details including medication taken

Medicare Card Number		Has Hearing Aid	
Medicare Card Position		Is Colour Blind	
Medicare Expiry Date		Wears Glasses	
Private Health Fund Provider (If applicable)		Family Doctor Name	
Health Member Number		Medical Centre Name	
Has Ambulance Cover		Medical Centre Address & Phone Number	

## Immunisation Statement

Please provide the Immunisation History Statement from Medicare. This History Statement must be dated within **two months** of the date at which the enrolment is made. Please do not supply a copy of the Clinic Nurses Book. Follow the link to obtain the required Immunisation Statement. <https://my.gov.au/LoginServices/main/login?execution=e1s1>.

Immunisation Status:

F - FULLY IMMUNISED

N- NOT IMMUNISE

I - INCOMPLETE IMMUNISATION

P- PERSONAL OBJECTIONS

## Consent – Name of Student \_\_\_\_\_

The following parental consent is applicable for the duration of your child's enrolment at St Benedict's School Applecross. If you wish to change your approvals given, please provide this to the school in writing.

### Disclosure of Personal Information

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

### Leaving School Grounds

I give permission for my child to participate in learning experiences and sporting events held off-site and to walk or travel on the transport provided by the school. I will keep the school informed of any changes to our emergency contact details.

Yes

No

### Use Of Student Images

As part of the school's communication activities, a student's image may be required for use. I/We hereby give permission for the use of my child's image in school / Catholic Education WA's website, social media, local media and promotional material as needed.

Yes

No

### Class Representative List

I/We give permission for my/our email details to be included in my/our child's class mailing list, managed by the Class Representatives.

Yes

No

### Medical Emergency Authorisation

I/We authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter if considered necessary. I/We further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion or medication, and I/we am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment for my child by an accredited medical practitioner on my/our behalf.

Yes

No

### Classroom Confidentiality

All children's classroom work, records, academic results, and behaviour are highly confidential and must not be discussed or referred to outside the classroom with another person. In the event of helping in the classroom, I/We confirm and understand to keep any information confidential.

Yes

No

## Agreement

- I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. 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 enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.
- I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/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 on these grounds.
- I/we have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the education programme of the school including the Religious Education programme of the school.
- I/we have read and fully understand and agree to the terms and conditions set out in the CEWA School Fees Policy. In accepting an enrolment at St Benedict's, I/We agree to pay all fees, as set out in our Annual Fee Statement by the due date. Please follow the link to <https://stbenedicts.wa.edu.au/policies/> for further information.
- 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. Please follow the link to <https://stbenedicts.wa.edu.au/policies/> for further information.
- I/we agree to be mindful of the need for close collaboration between parents and school staff, I/we undertake to accept the philosophy, policies and discipline process of the school and cooperate with the school in promoting them.
- I/we comply with St Benedict's School's Code of Conduct.

Signature of Parent/s	Female Parent/Guardian	Male Parent/Guardian	Date

*We acknowledge that the following documentation has been provided together with this application*

**Please tick if the form/document accompanies the application**

- Birth Certificate (official certificate from the Births, Deaths & Marriages Registry)
- Baptism Certificate (where applicable)
- Immunisation History Statement from Medicare  
(Must be dated **within two months** of the date at which the enrolment is made)
- Parish Priest Meeting Form  
(an informal meet and greet with our Parish Priest - for **ALL** applicants including non-Catholic families)
- Academic Report or any other report (where applicable)





## St Benedict's School

### Data Collection Form

This information is being collected to enable nationally comparable reporting of students' outcomes against the *National Goals for Schooling in the Twenty-First Century*. This information is collected in accordance with the school's Privacy Policy.

Note: If you need help with this form, please contact Mrs Jaqui Covella on 6217 3500.

#### Name of student:

First name

Last name

Date of Birth (dd/mm/yyyy)

#### Home address of student:

(No. and street name)

Suburb

Postcode

#### 1 What is the student's sex?

Male	<input type="checkbox"/>	
Female	<input type="checkbox"/>	

#### 2 Is the student of Aboriginal or Torres Strait Islander origin?

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>
Yes, both Aboriginal and Torres Strait Islander	<input type="checkbox"/>

**3 In which country was the student born?**

Australia	<input type="checkbox"/>
England	<input type="checkbox"/>
India	<input type="checkbox"/>
Indonesia	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Malaysia	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>
Philippines	<input type="checkbox"/>
Singapore	<input type="checkbox"/>
South Africa	<input type="checkbox"/>
United States of America	<input type="checkbox"/>
Vietnam	<input type="checkbox"/>
Other – please specify	

**4 Does the student or their parent/guardian/carer speak a language other than English at home?**

*(If more than one language, indicate the one that is spoken most often.)*

	<b>Student</b>	<b>Parent 1 / Guardian 1 / Carer 1</b>	<b>Parent 2 / Guardian 2 / Carer 2</b>
English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burmese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indonesian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malayalam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinhalese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other- please			

**5 (a) What is the highest year of primary or secondary school the parents/guardians have completed?**

*(For persons who have never attended school, mark 'Year 9 or equivalent or below.')*

	Mark one box only in each column	
	Parent 1 / Guardian 1 / Carer 1	Parent 2 / Guardian 2 / Carer 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

**5 (b) What is the highest level of qualification the parents/guardians have completed?**

	Mark one box only in each column	
	Parent 1 / Guardian 1 / Carer 1	Parent 2 / Guardian 2 / Carer 2
Bachelor Degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

**6 (a) What is the occupation group of Parent 1/Guardian 1/Carer 1 (Female)?**

**6 (b) What is the occupation group of the Parent 2/Guardian 2/Carer 2 (Male)?**

*Please select the appropriate parental occupation group from the list on page 4-5.*

- *If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.*
- *If the person has not been in paid work in the last 12 months, enter '8' in the box above.*

## List of Parental Occupation Groups (for Question 6)

### **Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals**

**Elected officials** (mayor parliamentarian, alderperson, trade union secretary, board member)

**Senior executives/general managers/department heads in industry, commerce, media or other large organisation**

- **Public sector manager** (public service manager (section head or above), regional director, hospital/health services education)
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence forces** (Commissioned Officer)

**Qualified professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat, and advise on problems; and teach others.

- **Health** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)
- **Education** (primary/secondary school teacher, university lecturer, professor, VET, special education)
- **Law** (lawyer, judge, barrister, coroner, solicitor, legal officer)
- **Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)
- **ICT** (computer systems manager, designer, software, and applications programmers)
- **Science** (all scientists)
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
- **Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
- **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

### **Group 2: Other business managers/professionals and associate professionals**

#### **Other business managers/professionals**

- **Farm/business owner/manager** (crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
- **Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)
- **Finance** (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant)
- **Retail sales/services manager** (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)
- **Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof-reader, graphic designer, web designer)
- **Sportsperson** (coach, trainer, sports official, sportsperson)

**Associate professionals** generally have diploma/technical qualifications and support managers and professional.

- **Medical, science, architectural, building, surveying, engineering, computing, ICT support technician**
- **Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
- **Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)
- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)
- **Defence Forces** (senior non-Commissioned Officers [NCO])
- **Other** (library assistant, museum/gallery technician, research assistant, proof-reader)

### **Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer, and service staff**

**Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (Metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

**Advanced/intermediate clerical, office, sales, carer and service staff**

- **Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
- **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
- **Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
- **Carer** (aged/disability/refuge/childcare/welfare support worker, nanny, nursing support)
- **Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors, and regulatory officers)

**Machine operators**

- **Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
- **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
- **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)

**Sales office, hospitality staff and other assistants**

- **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
- **Office** (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchenhand, porter, housekeeper, fast food cooks)
- **Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

**Defence Forces** ranks below senior NCO.

**Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)

**Other worker** (labourer, factory hand, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)

## St Benedicts, Applecross Parish Contact Details:

☎ 9364 1120, 115 Ardross Street, Ardross 6153

### PARISH PRIEST INTRODUCTION FORM

Appt Date / Time:

#### Section 1

Section 1 is to be completed by the parents and the form then given to the Parish Priest who will complete his section and return it directly to the school.

<i>Student Surname:</i>	<i>Student Names:</i>	
<i>Calendar Year of Entry (e.g. 2020)</i>	<i>Academic year of entry: 3K, 4K, PP, Yr1, Yr2, Yr3, Yr4, Yr5, Yr6</i>	
<i>Birth Date:     /     /     Current Age:</i>	<input type="checkbox"/> <i>Male</i>	<input type="checkbox"/> <i>Female</i>
<i>Home Street Address:</i>	<i>Mobile Phone Number:</i>	
<i>Suburb:</i>	<i>State:</i>	<i>Post Code:</i>
<i>Religious Denomination:</i>	<i>Parish Priest / Minister Name:</i>	
<i>Current Parish/Church:</i>	<i>Sacrament Dates:</i>	<i>Baptism:</i>
<i>Reconciliation:</i>	<i>First Holy Communion:</i>	<i>Confirmation:</i>
<i>Mother / Female Guardian: Title:</i>	<i>Surname:</i>	<i>First Name:</i>
<i>Email Address:</i>	<i>Mob No:</i>	<i>Religious Denomination:</i>
<i>Current Parish / Church</i>	<i>Suburb:</i>	<i>Parish Priest:</i>
<i>Father / Male Guardian: Title:</i>	<i>Surname:</i>	<i>First Name:</i>
<i>Email Address:</i>	<i>Mob No:</i>	<i>Religious Denomination:</i>
<i>Current Parish / Church:</i>	<i>Suburb:</i>	<i>Parish Priest:</i>

#### Section 2

The Parish Priest will complete this section and forward the completed form onto the School.

1. <i>How long have you known the family?</i>
2. <i>Is the family actively involved in the life of the church?</i>
3. <i>What do you think is the reason that the parents wish their child to attend St Benedict's School?</i>
4. <i>Are there any pastoral circumstances you consider need to be considered in the decision about this student's enrolment at our school?</i>
5. <i>Is there sufficient faith life and atmosphere in the home for the school to build upon?</i>
6. <i>Any other comments.</i>

<i>Priest's Signature:</i>	<i>Priest' Name:</i>
<i>Parish:</i>	<i>Suburb:</i> <span style="float: right;"><i>Date:</i></span>