



Mercedes College

A S P I R E E X C E L L E A D

Dear Father

I would be grateful if you would assist our enrolment process by filling out this “faith-practice check” for one of your parish members who is interested in continuing her Catholic education at Mercedes College.

Please fax completed form to Julie Lamb on 9323 1333 or email jlamb@mercedes.wa.edu.au

Yours sincerely

Kerrie Fraser
Principal

Name of Applicant: _____

Address: _____ Tel: _____

Current School _____ Year Level _____

Name of Priest: _____ Name of Parish: _____

Number of years’ family has been in Parish _____

PARISH INVOLVEMENT	YES	NO	N/A
Regular Mass attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altar Server	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choir Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INVOLVEMENT _____

Priest’s signature _____ Date _____

Thank you for your assistance and support.

C O M P A S S I O N E X C E L L E N C E J U S T I C E I N T E G R I T Y S E R V I C E

