

If No, please consider joining the program.

## ST AGATHA'S CATHOLIC PRIMARY SCHOOL

7 TREBOR ROAD PENNANT HILLS 2120 PO BOX 82 PENNANT HILLS NSW 1715 PHONE: 9484 7200 FAX: 9484 8235 ABN 94 348 201843

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## School Enrolment Reference Form

You have made a request to have your child enrolled at St Agatha's Parish Primary School, Pennant Hills. "The School was established by the Pennant Hills Parish community in order to assist parents with the education of their children in an atmosphere of Catholic faith and practice." To guide the enrolment committee in considering your request, please fill out this form as completely as possible and return it with your enrolment form to the school.

Family Details:				
Family Name:				
Address:				
	Phone:			
Child's Name:	to be enrolled in Grade Year			
Sacraments Received:				
Baptism (Please provide a cop	y of the baptism certificate) Place: _	Date:		
Reconciliation				
Confirmation				
First Eucharist				
Names of other school-aged childre	en:			
Name (e.g. Mary Smith)	School (e.g. Mt St Benedicts)	Class and Year (e.g. Yr 8 in 2005)		
	_			
Do you live within the parish bounda	uries?	Yes / No		
Are you registered at St Agatha's? (i				
	ass?			
	parish through the Planned Giving Pro			
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If your children are already enrolled at St A community?	Agatha's School, give details of your	involvement and support of the school
Is the family involved in other charitable / set If yes, please give details	ervice/ community organisations?	Yes / No
Would your child need special support for he	nealth, learning or other issues?	
Is there anything else the enrolment commit enrolment in St Agatha's Parish School?	ttee should know or comments you w	ould like to make about this request for
PART B:		
To be completed by Parish Priest, minister of	or member of Parish staff:	
Name :	Signature:	
Date :	Parish :	