



Mercedes College

ASPIRE EXCEL LEAD

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: 9323 1333 or email: jlamb@mercedes.wa.edu.au .

Yours sincerely

K a Fraser

**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: _____

COMPASSION EXCELLENCE JUSTICE INTEGRITY SERVICE

