



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: enrolments@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

