



**To be completed by Parish Priest/Minister or his delegate:**

Please complete the information below in reference to the family information provided on the previous page.

How long have you known the family?

Does the family participate regularly in the practice of the Faith, by attending Sunday Mass/Worship?

Frequently

From time to time

Not at all

Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic or Christian Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

Yes

No


Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?


Any other Comments:


Signed:

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**To the Parish Priest/Minister:**

Please send or fax this completed form to:

The Principal  
Kolbe Catholic College  
P O Box 2185  
Rockingham WA 6967

or

FAX (08) 9592 2933