

# enrolment form

## Sacrament of Reconciliation

PLEASE PRINT CLEARLY IN BLOCK LETTERS

### STUDENT INFORMATION

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

School Attending: \_\_\_\_\_ Year/Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female (*please circle*)

Date of Baptism: \_\_\_\_\_

Parish and Place of Baptism: \_\_\_\_\_

### FAMILY INFORMATION

Full Name of Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

### MAIL and PHONE CONTACT

*(Name and address of the preferred contact person for the student)*

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

*Please turn over for more*



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## Sacrament of Reconciliation

### PARENTAL COMMITMENT

As the first educators of my / our child, we would like to enrol them for the Sacrament of Reconciliation and agree to fully support them in their preparation for this Sacrament.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

The Sacrament fee charged is \$50.00 and this fee is payable at the time of enrolment.

*\* Please note: Enrolment fees can now be paid by EFTPOS on the enrolment weekend, but this must be noted on your form by a priest, parish office staff or the Sacramental Coordinator. A \$1.00 transaction fee applies when this method of payment is used.*

A copy of your child's Baptism Certificate is required at the time of enrolment.

### PARISH SACRAMENTAL COORDINATOR

Brigid Fredericks

9307 2776

sacramental.whitford@perthcatholic.org.au



*Our Lady of the Mission*  
Whitford Parish

*"Where two or three meet in my name,  
I am there among them." Matt 18:20*

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