

STATEMENT OF PARISH COMMITMENT

This Statement will be taken to your **Nominated Parish** for confirmation by your parish priest.

The item **Nominated Parish** means the parish where you normally attend Mass, and where you are most confident the Parish Priest will be able to act as referee.

TO BE COMPLETED ONLY BY THE PARENTS OF THE APPLICANT

NAME:

Student's Name

Mothers Name

Fathers Name

ADDRESS:

Post Code: _____

PRESENT SCHOOL: _____

Please tick (Ö) the most appropriate box, and supply any additional information which would assist in the selection process.

Attending Parish: _____

- ☐ Our family is **actively involved** in the above parish.
- ☐ Our family attends Mass **regularly** in the above parish.
- ☐ Our family attends Mass **about once a month** in the above parish.
- ☐ Our family attends Mass **less than once a month** in the above parish.
- ☐ Our family **does not attend** Mass.
- ☐ Other, please give details. _____

- ☐ Our family contributes to the Planned Giving Envelope No. _____

PRIEST DECLARATION

To be filled in **only** by the Parish Priest. The information provided by the designated Parish Priest will determine which applicants are successful.

Name of Parish Priest: _____

SECTION 1

1. ☐ Family is actively involved in the parish.
2. ☐ Family attends Mass regularly in the parish.
3. ☐ Family attends Mass about once a month in the parish.
4. ☐ Family attends Mass less than once a month in the parish.
5. ☐ Family does not attend Mass.
6. ☐ Family gives financial support to the parish.

SECTION 2

From your information, could you make the following recommendation:

1. ☐ Highest Recommendation:
 - regular church attendance
 - active involvement with parish
 - contribution to planned giving
2. ☐ Strong Recommendation:
 - regular church attendance
 - active involvement with parish OR contribution to planned giving
3. ☐ Recommended:
 - regular church attendance
 - completed sacramental program.
4. ☐ Satisfactory:
 - irregular church attendance (i.e. once a month)
 - sacramental program incomplete.
5. ☐ Do Not Recommend: _____

Other comments: _____

Parish Stamp

Parish Priest

Date: _____

***THIS DECLARATION TO BE FORWARDED DIRECTLY TO
MOUNT CARMEL CATHOLIC HIGH SCHOOL 210 Spitfire Drive, Varroville 2566 OR
PO Box 124, Minto 2566***