

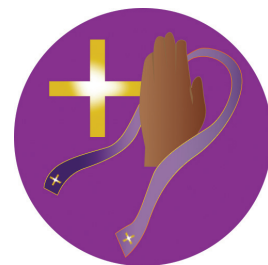


SACRAMENT OF

FIRST

RECONCILIATION

ENROLMENT FORM



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

## SACRAMENT HISTORY

Has your child completed the following sacraments?

• BAPTISM                      Yes / No      (please circle)

Parish where Baptism was made: \_\_\_\_\_

*If not Our Lady of the Mission Whitford Parish, please attach certificate.*

## PARENTAL COMMITMENT

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

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

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

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

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

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

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.*

## PARISH SACRAMENTAL COORDINATOR

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