



OUR LADY OF MERCY CATHOLIC COLLEGE BURRANEER

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PARISH PRIEST REFERENCE

REFERENCE FOR STUDENTS ATTENDING NON-FEEDER SCHOOLS.

Student's Name _____

Date of Birth _____ Year of School Entry (eg Year 7) _____

Anticipated School Commencement date (eg January 2017) _____

Current School _____

Father's Name _____ Phone No _____

Mother's Name _____ Phone No _____

Address _____

PLEASE MAKE AN APPOINTMENT WITH YOUR PARISH PRIEST TO HAVE THIS FORM COMPLETED AND RETURNED TO OUR LADY OF MERCY CATHOLIC COLLEGE.

Please provide your Parish Priest with an envelope, stamped and addressed to Our Lady of Mercy College, *Alternatively*, the completed form may be returned to the College by fax or email.

To be completed by the Parish Priest Parish _____

This family is known to me as an active member of the parish Yes No

How is the family involved in the life of the parish? _____

I recommend this student for entry into Our Lady of Mercy Catholic College Yes No

Other comments _____

Parish Priest's Signature _____

Date _____