



APPLICATION FOR ENROLMENT FORM

STUDENT INFORMATION

Please attach a recent passport style photo here

Proposed Year of Entry to St Peter's College: 20\_\_

Proposed Level of Entry: (please TICK) 7 8 9 10 11 12 13

Student Date Of Birth: dd / mm / yyyy

Legal Last Name: \_\_\_\_\_

Legal First Names: \_\_\_\_\_

(Please underline or highlight the name your son is known by)

Known First & Last Names (if different from legal name): \_\_\_\_\_

CURRENT SCHOOL

Name of Current School: \_\_\_\_\_

Current Year Level: \_\_\_\_\_ Year Started at Current School: \_\_\_\_\_

ETHNICITY – At least one ethnicity is required to be filled out, i.e. Māori, NZ European, Samoan etc:

Ethnicity 1: \_\_\_\_\_

Ethnicity 2: \_\_\_\_\_

Ethnicity 3: \_\_\_\_\_

For students with Māori Ethnicity please state your Iwi below:

Iwi 1: \_\_\_\_\_

Iwi 2: \_\_\_\_\_

Iwi 3: \_\_\_\_\_

NATIONALITY

Country of Birth: (please TICK): New Zealand Other (please specify)

If born outside NZ, do you have a residency permit? (Please TICK): YES NO

(If YES, attach copies of NZ residency permit, NZ citizenship papers, student visa or other)

Language spoken at home if other than English: \_\_\_\_\_

RELIGION

Student Religion: \_\_\_\_\_ Affiliated Parish: \_\_\_\_\_

Catholic Students please fill out relevant dates below (note Preference of Enrolment information is provided later in this form)

Date of Baptism: dd / mm / yyyy Date

of First Communion: dd / mm / yyyy Date

of Confirmation: dd / mm / yyyy



# FAMILY INFORMATION

## STUDENT PRIMARY RESIDENCE:

**1. Relationship to Student: Mother / Stepmother / Caregiver (please circle one) or OTHER** \_\_\_\_\_

Title: Miss / Ms / Mrs / Dr (please circle one) or Other \_\_\_\_\_

First & Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Address Number & Street \_\_\_\_\_

Address Suburb \_\_\_\_\_

Address City & Postcode \_\_\_\_\_

Postal Address if different to above address: \_\_\_\_\_

Home Landline if relevant \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Email Address \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

**2. Relationship to Student: Father / Stepfather / Caregiver (please circle one) or OTHER** \_\_\_\_\_

Title: Mr / Dr (please circle one) or Other: \_\_\_\_\_

First & Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Address Number & Street \_\_\_\_\_

Address Suburb \_\_\_\_\_

Address City & Postcode \_\_\_\_\_

Postal Address if different to above address: \_\_\_\_\_

Home Landline if relevant \_\_\_\_\_

Religion: \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Email Address \_\_\_\_\_

Employer Name & Address \_\_\_\_\_



**STUDENT SECONDARY RESIDENCE – LEAVE BLANK UNLESS RELEVANT**

**1. Relationship to Student: Mother / Stepmother / Caregiver (please circle one) or OTHER \_\_\_\_\_**

Title: Miss / Ms / Mrs / Dr (please circle one) or Other: \_\_\_\_\_

First & Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Address Number & Street \_\_\_\_\_

Address Suburb \_\_\_\_\_

Address City & Postcode \_\_\_\_\_

Postal Address if different to above address: \_\_\_\_\_

Home Landline if relevant \_\_\_\_\_

Religion: \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Email Address \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

**2. Relationship to Student: Father / Stepfather / Caregiver (please circle one) or OTHER \_\_\_\_\_**

Title: Mr / Dr (please circle one) or Other: \_\_\_\_\_

First & Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Address Number & Street \_\_\_\_\_

Address Suburb \_\_\_\_\_

Address City & Postcode \_\_\_\_\_

Postal Address if different to above address: \_\_\_\_\_

Home Landline if relevant \_\_\_\_\_

Religion: \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Email Address \_\_\_\_\_

Employer Name & Address \_\_\_\_\_



**ALTERNATIVE EMERGENCY CONTACT DETAILS:** Please enter details of person other than parents:

First & Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Best contact number: \_\_\_\_\_

**CONNECTIONS OF STUDENT TO ST PETER'S COLLEGE**

1. **BROTHER/S CURRENTLY ATTENDING ST PETER'S COLLEGE** .....YES  ..... NO

Name/s & Year Level/s: \_\_\_\_\_

2. **BROTHER IS AN OLD BOY OF SPC?**.....YES  ..... NO

a. Brother's name/s: \_\_\_\_\_

b. Year left SPC (eg 2016) \_\_\_\_\_ Level Left SPC (ie Y13 etc): \_\_\_\_\_

3. **FATHER IS AN OLD BOY OF SPC?**.....YES  ..... NO

a. Father's name: \_\_\_\_\_

b. Year Started at SPC (eg 1980) \_\_\_\_\_ How many years attended SPC? \_\_\_\_\_

4. **FATHER'S OTHER FAMILY CONNECTIONS WITH SPC:** Please give names and dates attending where possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **MOTHER'S FAMILY CONNECTIONS WITH SPC:** Please give names and dates of uncles, fathers etc attending where possible:

\_\_\_\_\_  
\_\_\_\_\_

6. **OTHER AFFILIATIONS WITH THE COLLEGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **YOUNGER SONS IN THE FAMILY WHO ARE LIKELY TO ATTEND ST PETER'S COLLEGE IN THE FUTURE?**

Number of future sons: \_\_\_\_\_ Potential entry to Year 7 (eg 2022) \_\_\_\_\_

8. **BROTHERS & SISTERS:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attended: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attended: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attended: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attended: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attended: \_\_\_\_\_



# STUDENT HEALTH RECORD – please ensure all parts of this page are filled out

Student First & Last Name: \_\_\_\_\_ Student Date Of Birth: dd / mm / yyyy

Your First & Last Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## 1. MEDICAL HISTORY

Has your son ever suffered from any of the following?: (Please TICK)

- |   |   |
|---|---|
| ADHD/ADD ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/>           | *EPILEPSY ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/>        |
| *ALLERGIC REACTION ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/> | HEART CONDITION ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/>  |
| *ANAPHYLAXIS ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/>       | HEPATITIS B ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/>      |
| *ASTHMA ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/>            | PAST HEAD INJURY ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/> |
| *DIABETES ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/>          | RHEUMATIC FEVER ..... YES <input type="checkbox"/> ..... NO <input type="checkbox"/>  |

\* (Please attach action plan, including your son’s name, to back of this enrolment form for school nurse)

If you answered YES above, please describe, including any medication requirements: \_\_\_\_\_

Does your son suffer from any other medical condition? YES  NO

If YES, please describe, including any medication requirements: \_\_\_\_\_

## 2. IMMUNISATION RECORDS

Has your son had the following vaccinations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Vaccination	Date of Vaccination
COVID 19 FIRST & SECOND DOSE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
DIPHTHERIA	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
GARDASIL (not before Year 8)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
HEPATITIS B	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Hib (Haemophilus influenzae type b)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
MMR (Measles, Mumps, Rubella)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
POLIO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
TETANUS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
WHOOPING COUGH	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
OTHER (please give details)	_____			

## 3. DOCTOR’S DETAILS

DOCTOR’S NAME: \_\_\_\_\_ PRACTICE PHONE NUMBER: \_\_\_\_\_

PRACTICE NAME & LOCATION: \_\_\_\_\_

## 4. CONSENT

MAY THE SCHOOL NURSE HAVE YOUR CONSENT TO ADMINISTER THE FOLLOWING AT SCHOOL IF REQUIRED? (Please TICK)

- Panadol ..... YES  ..... NO       Ibuprofen.....YES  ..... NO       Physiotherapy ..... YES  ..... NO



# PARENT SHEET

**WHY WOULD YOU LIKE YOUR SON TO ATTEND ST PETER'S COLLEGE?**

---

---

---

**WHAT ARE SOME OF THE THINGS YOUR SON ENJOYS DOING AND WHAT COULD BE IMPROVED UPON DURING HIS YEARS AT SPC?**

---

---

---

**HOW COULD YOU, AS PARENTS, CONTRIBUTE TO ST PETER'S COLLEGE DURING YOUR SON'S EDUCATIONAL YEARS TO HIS LEAVING IN YEAR 13?**

---

---

---

## PREFERENCE OF ENROLMENT

A Preference of Enrolment Certificate must be filled out if you wish your son to be considered as a Catholic Preference Student. This Certificate is attached to this Enrolment Form.

Please tick the most appropriate statement below:

- I/We attend Mass weekly and are strongly involved in Parish life
- I/We attend Mass weekly as part of our family value system
- I/We attend Mass infrequently
- I/We do not attend Mass
- Our son is a Non Preference student (ie no Catholic affiliations)

**Please note applications without a verified Preference Certificate will automatically be considered as a Non Preference application.**

## SPECIAL LEARNING REQUIREMENTS

Please indicate any special learning needs to enable us to meet the needs of your son: \_\_\_\_\_

---

Does your son receive any special learning support at his current school? (please TICK) YES  NO

**If YES, see complete the following page and attach any documents to the back of this enrolment form.**

*Please also supply current reports that relate to his situation e.g. psychologist report etc*



# STUDENT LEARNING SUPPORT INFORMATION

**– MUST BE COMPLETED AND SIGNED BELOW**

Student First & Last Name: \_\_\_\_\_

Student Date Of Birth: dd / mm / yyyy

Your First & Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name & address of current school: \_\_\_\_\_

**My Son does / does not have Learning Support Needs. Please circle.**

Circle TICK any conditions that apply below. For OTHER, please write what it is officially diagnosed, or not.

SENSORY	Tick	MEDICAL	Tick	PHYSICAL	Tick	LEARNING	Tick
Vision		Attention Deficit		Arm / Hand		Reading	
Hearing		Autism Spectrum		Back / Leg		Writing	
		Depression		Head Injury		Slow Processing	
		Anxiety		Dyspraxia		<b>Diagnosed Specific Learning Disorder:</b>	
		Diabetes		Muscular / Neurological		Dyslexia	
		Epilepsy		Cerebral Palsy		Dysgraphia	
		Tourette Syndrome		Other:		Dyspraxia	
		Other:				Dyscalculia	
						Other:	

Fill in this timeline of what has happened, been diagnosed, treated, provided, etc. Consider events or contributions by medical specialists, doctors and hospitals, physiotherapists, occupational therapists, psychologists, level c assessors, reading recovery, private tutors, teacher aide time, speech/language therapy, RTLB, RTLit, BLENNZ resource teachers, reader, writer, computer, extra time etc.

Age	Event / Action / Comment as appropriate

Please add extra sheets if necessary and attach.

Please provide recent reports to St Peter's College from the list of people above. Fill in details below:

Report 1	Report 2
Written by:	Written by:
Qualifications:	Qualifications:
Date:	Date:

**We give St Peter's permission to ask my son's previous school for full disclosure relating to his learning, including outside agency referrals, RTLB referrals, literacy and/or numeracy assistance and any other relevant information.**

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



**DIRECTIONS FOR SCHOOL FEES:**

Accounts should be addressed to (please TICK one or more):

- Primary Residence
- Secondary Residence
- Other

If OTHER, please specify:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Postal Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell phone \_\_\_\_\_

**CONDITIONS OF ENROLMENT**

I/We, the undersigned, accept as conditions of enrolment the following points:

1. Our son will participate in the general school programme that gives St Peter’s College its Special Catholic Character.
2. I/We agree to pay the Attendance Dues, payable to the Proprietor as determined from time to time by the Proprietor and approved by the Minister of Education, under Schedule 6 of the Education and Training Act 2020. Furthermore, I/We accept that the school can discontinue attendance of the above named student in default of this undertaking.
3. If accepted, and before enrolment can be confirmed, we will pay a non-refundable Acceptance Fee of \$750.00 which will go towards the College fees which includes Attendance Dues.
4. I/We agree to pay College Contributions and Levies as determined from time to time by the Board of Trustees.
5. Our son will wear the prescribed St Peter’s College uniform and will accept the College Rules and Respect Code Regulations as determined by the Headmaster and Board of Trustees.
6. We are committed to our son remaining at SPC through to Year 13.
7. Should our son’s application be declined, I/we agree to abide by the final decision of SPC, and waive the right to dispute the College’s final decision.
8. I/we acknowledge, that the internal application evaluation is the property of SPC, is confidential, and will be destroyed by the school on completion of the Enrolment Process.
9. I/we declare that all information we have provided is true and correct. We acknowledge that failure to disclose true and correct information can result in the cancellation of our application.

Please fill out your name/s, signature and date below:

Parent/Guardian 1 Name \_\_\_\_\_

Parent/ Guardian 2 Name \_\_\_\_\_

Parent/Guardian 1 Signature \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Privacy Act 2020**

Application information is used to assess admission requirements to St Peter’s College. This information becomes part of the student’s personal file if he is accepted. It will BE DESTROYED at the end of the application year if the application is unsuccessful. Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. The information may be provided to the Proprietor or Proprietor’s agent, the Minister of Education and the Education Review Office, and for administration purposes within the school

**Sharing of Information**

Address and phone number details are collected at the time of enrolment and during the student’s time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education, the Proprietor and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

**Photographs**

Photographs of boys at St Peter’s College may be used by the College for school use only.





**CHECKLIST**

Please take the time to TICK OFF THE ITEMS BELOW before submitting your application

**THIS ENSURES THE SPEEDY PROCESSING OF YOUR SON'S APPLICATION and also helps you check you have submitted all required items – THANK YOU**

**Enrolment applications will only be accepted with all relevant documentation included.**

**THE FOLLOWING ITEMS MUST BE SUBMITTED:**

<b>OFFICE USE ONLY</b>
Date application received _____
Receipt Number _____

- PASSPORT STYLE PHOTO attached to top of Page 1
- APPLICATION FORM – all pages completed
- SIGNED CONDITIONS OF ENROLMENT (both parents) on Page 5
- PREFERENCE OF ENROLMENT CERTIFICATE – endorsed at bottom of page 1 *or*
- NON PREFERENCE student – tick here
- IF BORN **IN** NEW ZEALAND: a COPY OF YOUR SON'S BIRTH CERTIFICATE (*Passport not acceptable*)
- IF BORN **OUTSIDE** OF NEW ZEALAND you need to submit THREE items:
  1. VALID RESIDENCY VISA or STUDENT PERMIT
  2. COPY OF YOUR SON'S PASSPORT
  3. COPY OF YOUR SON'S BIRTH CERTIFICATE
- FULL SCHOOL REPORT — a photocopy of your son's most recent report (end of previous year will suffice)
- STUDENT SHEET filled out in student's own handwriting
- YEAR 10—13 CHARACTER REFERENCE  
(This is only applicable to students applying for Years 10—13, **NOT** students applying for Years 7, 8 or 9)

**Please do NOT email or send in original documents. We will not process applications sent by email.**

Your application will NOT BE PROCESSED unless ALL information requested has been submitted.

*Please post your application to:*

**The Enrolment Office, St Peter's College, Mountain Road, Epsom, AUCKLAND 1023, New Zealand**

Phone: 524 8108

*or you may drop it into RECEPTION – Reception Hours: Monday to Friday, 8am to 4pm, during term time only*

**ADMINISTRATION**

Every Year 7 applicant and most applicants at other year levels receive an enrolment interview. As you can appreciate there are significant costs involved to facilitate this. Given this we would be grateful for a \$100 donation from applicants.

Please tick your method of payment:      CASH       CREDIT\*       EFTPOS

**FOR CREDIT CARD PAYMENTS: Please – DO NOT DETACH – this will be detached by SPC staff**

(SPC will detach these Credit Card details once payment has gone through and the slip will be destroyed - no Credit Card records will be held at St Peter's College)

\*CREDIT CARD DETAILS for \$100 donation: (please TICK)                      VISA                       MASTERCARD

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      CCV \_\_\_\_\_



# STUDENT SHEET

(Student to please complete in his own handwriting)

Your first and last name \_\_\_\_\_

Current School \_\_\_\_\_

Current Class \_\_\_\_\_ Teacher's Name \_\_\_\_\_

## PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

**1. Why do you want to come to St Peter's College?**

---

---

---

---

---

**2. What are the things you are good at/like doing? (include academic achievement, sports, music, hobbies, cultural)**

---

---

---

---

---

**3. What areas do you think you need to improve upon at school?**

---

---

---

---

---

Signed \_\_\_\_\_ Date \_\_\_\_\_



**New Zealand Catholic Bishops Conference  
Preference of Enrolment Certificate  
for the Diocese of Auckland**

**This is to certify that**

In accordance with Private Schools' Conditional Integration Act, Section 29 (1), and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria Numbers: 5.1, 5.2, 5.3, 5.4, 5.5.

*(Please refer to Criteria details on back of form)*

MR/MRS/MS .....

Address .....

Is/are eligible to have preference of enrolment for their child at

..... School/College

in..... Town/City

Name of child .....

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Parent(s)/Caregivers Signature..... Date.....

Under which Criterion (see reverse) is the child eligible for preference?.....

If Criterion 5.1 applies please complete:

Baptised in ..... at ..... on.....

If Criterion 5.4 applies please complete the section on the back of this form.

Certified by (Name)..... as authorized agent of the

Roman Catholic Bishop of the Diocese of .....

Position: .....

*(see: Administration of the Criteria, 6.1.1-6.1.6, Agents who may sign, listed over page)*

Address: .....

Signature..... Date.....

This form must be completed by the Parent(s)/Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.



# NEW ZEALAND CATHOLIC BISHOPS CONFERENCE

## Criteria for Preference of Enrolment in Integrated Catholic Schools

- 5.1 The child has been baptised or is being prepared for baptism in the Catholic Church.
- 5.2 The child's parents/guardians have already allowed one or more of its siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/guardian is a Catholic, and although their child has not yet been baptised, the child's participation in the life of the school could lead to the parents having the child baptised.
- 5.4 With the agreement of the child's parent/guardian, a significant familial adult such as a grandparent, aunt or uncle who is actively involved in the child's upbringing undertakes to support the child's formation in the faith and practices of the Catholic Church
- 5.5 One or both of a child's non-Catholic parents/guardians is preparing to become a Catholic.

## Agents of the Bishop, Who May Sign the Certificate on his Behalf

- 6.1.1 Parish Priest of their Parish of Residence
- 6.1.2 Assistant Priest of their Parish of Residence
- 6.1.3 Priests appointed under c. 517/1
- 6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
- 6.1.5 Ethnic chaplains who liaise with Parish Priests or their delegate
- 6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

## Process of Appeal

*Handbook for Boards of Trustees of New Zealand Catholic Integrated Schools (section 5.14)*

If a preference certificate has been refused and the parents, either directly or through the Principal, wish to appeal the matter, the application can be referred to the Proprietors' Office (Diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the Parish Priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The Parish Priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

Please note that in the Diocese of Auckland the appointed appeal authority is the Vicar for Education, contact phone: (09) 360 3057. Email: [lindam@cda.org.nz](mailto:lindam@cda.org.nz)

If Criterion 5.4 (above) applies the parents/caregivers and the familial significant adult completes the following:

### Familial Significant adult:

I agree to support ..... (child's name)  
formation in the faith and practices of the Catholic Church and agree to my contact details being available to the school and parish for this purpose.

Mr/Mrs/Ms:.....

Address: .....

Relationship to child:..... Email address:..... Phone No:.....

Parish .....

Signature ..... Date: .....

### Parent(s)/Caregiver(s):

I agree that my child will be supported by:..... in the formation of the faith and practices of the Catholic Church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Signature:..... Date: .....