School Reference Checklist



St Flannan's Catholic Parish 194 Handford Road Zillmere

Phone: 3265 3977

Email: stflannans@bne.catholic.net.au
Office hours: Tuesday to Friday 9am – 3pm

| Child's Information | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|---------------------|----------------------------|------------------------------------------------------|--|
| First Name: Middle Name | | | e: | Surname: | | |
| ☐ Male ☐ Fei | male | | | | | |
| Date of Child's Birth: Place of Birth: | | | | | | |
| Residential Address: _ | | | | | Postcode: | |
| Current school: | | | | Current school year level: | | |
| Which school/college | is this reference fo | or?: | | Closing Date: | | |
| Sacraments of Initiation | | | | | | |
| Date of Child's Baptisı | m: | Par | ish / Place of Bapt | tism: | | |
| If baptised in another denomination, date received into Catholic Church: | | | | | | |
| Date of Child's Confirmation: Parish / Place of Confirmation: | | | | | | |
| Date of Child's First Communion: Parish / Place of First Communion: | | | | | | |
| Date of Child's First Reconciliation: Parish / Place of First Reconciliation: | | | | | | |
| Involvement in the Pari | <u>ish</u> | | | | | |
| Mass attendance: | \square Weekly | ☐ Fortnightly | \square Monthly | ☐ Occasionally | | |
| Usual Mass time?: | ☐ Sat 6pm | ☐ Sun 7am | ☐ Sun 9am | ☐ Sun 5pm ☐ |] varies | |
| When did your family | join the Parish?: _ | | | | | |
| Are you in the Planned Giving Program? Yes If yes, when did you join? | | | □ No | | | |
| If no, please fill out the Planned Giving Form and forward it to the parish office asap. Once done, this will be included in your reference. | | | | | | |
| Current Mass/Ministry, | /Parish Communit | y Involvement: | | | | |
| I/We and/or our children are involved in the following: ☐ Altar Server ☐ Eucharistic Minister ☐ Reader ☐ Children's Liturgy ☐ Cleaning ☐ Music ☐ Communion to Sick ☐ Cuppa after ☐ Mothers Prayers ☐ Collector ☐ Flowers ☐ Sacramental Team ☐ Greeter ☐ Social Justice Action Group ☐ RCIA Team ☐ Lenten Discussion ☐ Sacristan ☐ St Vincent de Paul Conference ☐ Counting ☐ Liturgy Preparation Team ☐ Prayer Grou ☐ Multicultural Community Celebration Team ☐ Networking ☐ Shalom ☐ Other | | | | | ☐ Cuppa after Mass☐ Greeter☐ Sacristan☐ Prayer Group | |
| When did you join thi | s/these ministries? | _ | | | | |
| Future Mass/Ministry/I | Parish Community | Involvement: | | | | |
| If you are currently NOT volunteering, for which of the above would you like to make yourself/ child available? | | | | | | |
| Do you have a current | t Blue Card? | ☐ Yes | □No | | | |

| Mother's Information | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|--|--|--|--|
| First Name: | Middle Name: | Surname: | | | | |
| Religion: | Maiden Name: | Title: | | | | |
| Residential Address: | | Postcode: | | | | |
| Home Phone: Mobile | e: Email: _ | | | | | |
| <u>Father's Information</u> | | | | | | |
| First Name: | Middle Name: | Surname: | | | | |
| Religion: | | Title: | | | | |
| Residential Address: | | Postcode: | | | | |
| Home Phone:Mobile | :Email: | | | | | |
| Guardian's Information (if applicable) | | | | | | |
| First Name: | Middle Name: | Surname: | | | | |
| Religion: | Maiden Name: | Title: | | | | |
| Residential Address: | | Postcode: | | | | |
| Home Phone:Mobile | :Email: | | | | | |
| Parent/Guardian Statement | | | | | | |
| I/We acknowledge that this information is accurate and will be provided to school(s) in support of our application for our child's enrolment. | | | | | | |
| 🖎 Mother/Guardian's Signature: | | Date: | | | | |
| 🖎 Father/Guardian's Signature: Date: | | | | | | |
| References will be sent directly to the College/School to which you are applying. Please allow 3 weeks for processing. | | | | | | |
| | | | | | | |
| ☐ Please tick if you are not willing to receive future correspondence from this parish | | | | | | |

Privacy

The privacy of all individuals is important to us and we are committed to protecting all personal information we collect and hold. Our Privacy Policy is available at https://brisbanecatholic.org.au/privacy-policy/ or on request from the Parish Office.

Privacy Collection Statement

The parishes, schools and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you.

We collect personal information directly from you and may also collect personal information passively through our website. We collect your personal information to fulfil the mission and directions of our organisation, to administer the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies and service providers who assist us in operating our organisation.