



ST. ANN'S ACADEMY

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ST. ANN'S
A C A D E M Y

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CONFIDENTIAL CATHOLIC PASTOR'S REFERENCE FORM

TO BE COMPLETED BY APPLICANT:

Parish: _____ Number of years attending: _____ Financial support to parish: Envelope # _____

Parent's Names: _____

Address: _____ Phone number: _____
house no. street city postal code

Student's name: _____	Grade: _____	(Baptism _____	First Communion _____	Confirmation _____)
_____	Grade: _____	(Baptism _____	First Communion _____	Confirmation _____)
_____	Grade: _____	(Baptism _____	First Communion _____	Confirmation _____)
_____	Grade: _____	(Baptism _____	First Communion _____	Confirmation _____)

TO BE COMPLETED BY PASTOR:
 Pastor's comments and recommendations:

 Pastor's Signature: _____ Date: _____

CONFIDENTIAL – PLEASE DO NOT COPY – SEND ORIGINAL DIRECTLY TO ST. ANN'S ACADEMY.