



## PASTOR/FAITH LEADER'S RECOMMENDATION

If you are unable to get a pastor/faith leader's recommendation completed, a letter of reference (from a coach, Principal, etc.) can be submitted instead of this form.

### TO BE COMPLETED BY PARENT/CAREGIVER

Parent/Caregiver Name: \_\_\_\_\_

Daughter's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Daughter's Religion: \_\_\_\_\_ Daughter's Parish/Church: \_\_\_\_\_

Pastor/Faith Leader: \_\_\_\_\_

What religious instructions has your daughter received? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious affiliated schools your daughter has attended:

School: \_\_\_\_\_ Grades: \_\_\_\_\_

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Indicate which sacraments your daughter has received (if appropriate to your religion)

☐

Baptism

☐

Eucharist

☐

Reconciliation

☐

Confirmation

Recent family involvement in Church activities and organizations. (Use reverse if more space is needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

### TO BE COMPLETED BY PASTOR/FAITH LEADER

Do you know this family personally? ☐ Yes ☐ No How long? \_\_\_\_\_

Do you know the student applicant personally? ☐ Yes ☐ No How long? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor Name (Print): \_\_\_\_\_ Parish/Congregation: \_\_\_\_\_

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

Forward directly to: Admissions Office, St. Mary's Academy, 550 Wellington Crescent, Winnipeg, MB R3M 0C1

Fax: 204-453-2417

E-Mail: [admissions@smamb.ca](mailto:admissions@smamb.ca)

APPLICATION DEADLINE FEBRUARY 2, 2023