

## CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE

OFFICE OF THE SUPERINTENDENT
635A TRANQUILLE ROAD, KAMLOOPS BC V2B 3H5 PHONE 250-376-3351
hr@ciskd.ca

## CONFIDENTIAL NON CATHOLIC PASTORAL REFERENCE FORM – to be completed by a Catholic Priest

ADDRESS:		Phone:						
NAME o	of CATHO		PRIEST				SH:	
Position:		☐Teacher On Call	□Teacher	□Vice Principal			□Superinte	
		☐Education Assistant	☐Office Support	□Update		□Other:	<u>*</u>	
School:		□St. Ann's, Quesnel □St. James, Vernon	☐Sacred Heart, V		□OLPH	, Kamloops	□St. Ann's Aca	ademy, Kamloops
1.	Are you a	a baptized Christian?				□Yes	□No	
2.	If yes, ple	ease specify denomination:						
3.	If not a ba	aptized Christian, please st	ate the denomination	n with which you i	dentify (if	any)		
4.	How freq	uently do you attend your	place of worship?	□Daily □Week	dy □Mon	thly □Seaso	onally   Yearly	□No Attendance
5.	-			•	•	•		
<i>J</i> .								
	Commen	t:						
6.		ws you to share in the miss		cation in the Dioce	ese of Kam	loops?		
6.	What dra	ws you to share in the miss		cation in the Dioce				
	What dra	ws you to share in the miss			Date of S	Signature		
	Applican mpleted l	ws you to share in the miss	ion of Catholic edu		Date of S	Signature	□By Face □Just	
	Applicant mpleted I	t/Employee Signature by the Parish Priest:	ion of Catholic edu		Date of S	Signature		
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