



### CONFIDENTIAL REFERENCE FORM

**Name of Applicant:**

The above named person ("the Applicant") is applying to **St. Therese School of Faith and Mission** for admission to our nine-month program of Catholic faith formation and community living. We request your candid assessment of this person and their suitability for the School of Faith and Mission.

Upon completion **PLEASE RETURN THIS FORM DIRECTLY TO ST. THERESE SCHOOL** (please do not return this form to the Applicant):

**St. Therese School of Faith & Mission**  
**ATTN: STUDENT APPLICATIONS**  
P.O. Box 310  
Bruno, SK, Canada, S0K 0S0

**Phone:** (306)369-2555  
**Fax:** (306)369-2555 x200 or (866)895-0305 (toll free)  
**Email:** applications@StTherese.ca

#### Reference Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

We appreciate your time in completing this form. All information you provide will remain confidential. Please feel free to use additional paper if required.

1. Are you related to the Applicant? Yes  No  If yes, how? \_\_\_\_\_
2. a) How long have you known the Applicant? \_\_\_\_\_  
b) Under what circumstances or in what capacity? \_\_\_\_\_
3. How does the Applicant accept guidance and respond to authority?



9. In your opinion, is the Applicant typically healthy and strong? Are you aware of any long-term illness or handicap that the Applicant has or has had in the past? Please comment on how it would affect his/her ability to take part in our program.

10. Do you have any further information or comments regarding the Applicant that would be helpful in evaluating their application?

11. In regards to the Applicant's attendance in our program do you:

- recommend wholeheartedly
- recommend with reservations
- do not recommend
- do not know applicant sufficiently

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I, the Referrer, have responded truthfully, to the best of my knowledge, to the above questions about the Applicant. I acknowledge that the contents of this form will be held in the strictest confidence by St. Therese School of Faith and Mission Inc. and will not be shared with the Applicant or any other parties.

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

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