



St. Michael's School

9387 Holmes Street, Burnaby, BC V3N 4C3
Telephone (604) 526-9768 Fax (604) 540-9799
Website: www.stmichaelschool.ca

PASTOR AUTHORIZATION FOR CATHOLICS ATTENDING A PARISH OTHER THAN ST. MICHAEL'S

Please have your pastor complete this form and return it with your application package.
If this form is not returned, you will be subject to pay non-Catholic tuition fees.

Family name: _____

Name of the parish which you attend: _____

Address of the parish: _____

Pastor's name: _____

*(*the following section is to be completed by the pastor)*

I confirm that the _____ family is a member
(family name)

of _____ parish. The members of this family are
(parish name)

practicing Catholics active in this parish and they have my recommendation for acceptance into St. Michael's School provided they meet all other application requirements and space is available.

Pastor's signature: _____ Date: _____

* Please note: this form only needs to be completed and returned if you are a registered parishioner of a parish other than St. Michael's.