



ST. THOMAS MORE COLLEGIATE

HOME OF THE KNIGHTS SINCE 1960

ENDORSEMENT FROM PARISH PRIEST or WORSHIP LEADER (Form A)

Confidential – To Be Completed By The Applicant's Parish Priest Or Leader At Place Of Worship

I am pleased to advise that _____

Student First and Last Name

and his/her family are:

Registered Parishioners or

Active Parishioners

of _____

Name of Parish or Place of Worship

Additional comments about the applicant and/or his/her family:

Confirmed by

(PLEASE PRINT)

Priest's Name or
Leader Name at place of worship: _____

Signature: _____

Date: _____, 20__

Please mail, email or fax directly to:
Ms. Maria Cirillo, Registrar
registrar@stmc.bc.ca
St. Thomas More Collegiate
7450 12th Avenue, Burnaby BC V3N 2K1
Tel: 604 521 1801 Fax: 604-520 0725