

**SUBSTITUTE REFERENCE LETTER
ST. MARY'S EPISCOPAL SCHOOL**



Name of Substitute applicant:

For person giving referral:

1. How long and in what capacity have you known this person?

**2. Would you recommend this person to work with young children ages 3 – 14?
Why or why not.**

Signature:

PHONE #

**Please mail this form to:
St. Mary's Episcopal School
505 E Covell Rd
Edmond, OK 73034**

An envelope is enclosed for your convenience.

Thank You