

SEMINARY OF CHRIST THE KING

ADMISSION POLICIES

SEMINARY OF CHRIST THE KING • PO BOX 3310 • MISSION, BC • V2V 4J5 • PHONE: 604-826-8715 • FAX: 604-826-8725

Application Form (College)

(Confidential)

(Please print names and addresses)

Name (Last): _____ (First) _____ (Middle) _____

Date today: _____ Your phone: (____) _____ Email _____

Address: _____

City: _____ Province or State: _____ Country: _____ Postal code: _____

Parish: _____ Pastor: _____

Place of birth: _____ Day: _____ Month: _____ Year: _____

Baptism: Place: _____ Church: _____ Day: _____ Month: _____ Year: _____

Father's name: _____ Occupation: _____ Alive? Catholic? Active in Church?

Mother's name: _____ Occupation: _____ Alive? Catholic? Active in Church?

Parent's marriage date: _____ Place: _____ Church: _____

How many brothers? Older ____, Younger ____.

Sisters? Older ____, Younger ____.

How often do you go to Mass? _____ Holy Communion? _____ Confession? _____

Medical Insurance Number: _____ Dependent Number: _____

Your status in Canada (check one): Citizen Landed immigrant: Foreign student:

Social Insurance No.: _____ Foreign Student's Visa No. _____

Beginning with Grade 7 list secondary and post-secondary schools attended:

	Name	Location	Dates
(1)	_____	_____	from _____ to _____
(2)	_____	_____	from _____ to _____
(3)	_____	_____	from _____ to _____
(4)	_____	_____	from _____ to _____
(5)	_____	_____	from _____ to _____

How much post-secondary education do you have? _____

Along with dates list your degrees, diplomas, etc.: _____

Which school subjects do you enjoy most? _____

Which do you enjoy least? _____

Have you studied a second language? _____ Latin? _____ Philosophy? _____

How much music? (Give details) _____

Participation in speech or drama activities? _____

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Have you ever applied for admission to any diocese, religious order or seminary? Yes ___ No ___ If yes, give details: _____

Have you ever been married or lived common law? _____

What are your hobbies? _____

Have you or any member of your family been mentally ill? ___ If yes, give details on separate page.

Have you ever been on drugs? ___ If yes, give details on separate sheet. Do you smoke? ___

Give the name, address and phone number of the priest (or priests) who knows you best: _____

For admission to the seminary one needs to have a serious interest in the priesthood as a vocation. How strong is your interest? _____ Explain: _____

Supply the names of the employers you have had and the work done, giving dates of employment, addresses and phone numbers: _____

I understand and agree that the Seminary of Christ the King is requesting this information in conformity with the Personal Information Protection Act in order to carry out its mission.

Signature: _____

Date: _____

N.B. June 15 is the cut-off date for applications. All documentation must be received by the Seminary by that date in order to begin the admission process for September.
