

SEMINARY OF CHRIST THE KING

PRIVACY FORM (PARENT/ GUARDIAN)

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

High School admissions prescreening request and authorization

Part A TO BE COMPLETED BY PARENT OF APPLYING STUDENT (please print)

Surname	Full given names		
Home mailing address	Telephone Number:		HOME:
	Email address:		

Part B PARTICULARS OF THE AGREEMENT

Originator's name and address: Father Peter Nygren osb Seminary of Christ the King Mission, B.C., V2V 4J5	Telephone: 604 826 8715	Facsimile: 604 826 8725
	Email address: rector@sck.ca	

Part C Assessment and CONSENT

NOTE: Unless cancelled in writing by the party of Part A, this consent form shall be valid for conducting the specified checks including subsequent updating requirements of the Seminary admissions committee, as well as subsequent personal correspondence with the seminary and published material by or concerning the said party, and the release of items 1, & 2 below to a third party for yearly student audit by the school accountant.

I, the undersigned, do hereby consent to the disclosure and retention of the following information and its subsequent verification.

Individual's signature Date

	Information	Individual's Initials	Rector's Initials		Information	Individual's Initials	Rector's Initials
1	Address			4	Personal correspondence sent seminary		
2	Citizenship data			5	Published material by or concerning		
3	Marriage Certificate						

I, the undersigned, as the authorized official, do hereby certify that the above information has been verified.

Name of High School Rector Date

Father Peter Nygren osb