



VANGUARD COMMUNITY SCHOOL

Where Success is Required!

**Box 310, Vanguard, Saskatchewan, Canada S0N 2V0 Telephone (306)582 - 2134 Facsimile (306)582 - 2002
email vschool2000@gmail.com**

Principal: Mr. Greg Shwaga

Vanguard Community School R.C.M.P. Criminal Record Check Form

I,

Name: _____ (Last) _____ (First) _____ (Middle) M ____ F ____

Birth date: _____ (Month), _____ (Day), _____ (Year)

Place of birth: _____

Other Name (If Applicable) (Please include maiden or any other name you have ever used):

Present Address: _____ (Box Number or Street)

_____ (City, Province, Postal Code)

_____ (Telephone Number)

Previous Address within the last five years if different from above:

hereby authorize a criminal record check to be made by a member of the R.C.M.P. City Police, or Municipal Police in Canada on my behalf. I understand that this form upon completion by the said police personnel is to be forwarded to the Vanguard Community School and will be kept on file at the Chinook School Division Office. The contents of this form are to be kept CONFIDENTIAL.

Signed by the applicant: _____ Date: _____

FOR POLICE USE ONLY – RESULTS OF RECORDS CHECK

It is understood that the individual named above will be:

_____ Based on the information received, there is no criminal record identified. Information can only be confirmed by a fingerprint comparison.

_____ A check of police records has revealed a criminal record for this individual. Information can only be confirmed by a fingerprint comparison.

Signed: _____ (Peace Officer) _____ (Police Force)

_____ (Location) _____ (Date)