



St. Alphonsus School Inc.
343 Munroe Avenue
Winnipeg, MB, R2K 1H2
Tel: (204) 667-6271
Fax: (204) 663-4187

Application Form for Grade: _____ (September 20__)

Name of Student: _____

Birthdate: _____ Gender: _____

Previous School Attended: _____

During the application process, may we contact your child's school? ☐ Yes ☐ No

MOTHER

FATHER

Name: _____

Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Email address: _____

Religion: _____

Family Parish: _____

Briefly describe your family's involvement in your Parish/Church:

Briefly describe your reasons for choosing St. Alphonsus School for your child:

This application is not a registration form. It will be kept on file and you will be contacted prior to the registration date.

Interview Date: _____ Time: _____ Family notified: _____
(Office use only)

Date Received: _____ (Office use only)