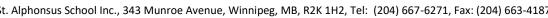
## Application Form for Grade \_\_\_\_\_ (September 20\_\_)





St. Alphonsus School Inc., 343 M	lunroe Avenue, Winnipeg	, MB, R2K 1H2, Tel: (20	04) 667-6271, Fax: (204) 663-4187	(1111)
Name of Student: Gender:		Birthdate:		**************************************
(**We are also applying	for our child(ren)	in Grade(s):		)
Previous School Attende	ed:			<u>-</u>
Please indicate any service	es your child has rece	ived:		
Speech Language Patholog	gy Psychology _	Physiotherapy _	Occupational Therapy	-
During the application p (a student referral form from your cl	•	•		
	MOTHER		<u>FATHER</u>	
Name:				<del></del>
Address:				
Contact Phone #(s):				
Email address:				
Religion:(If Catholic, please attach a copy of y	your child's baptismal certific	cate.)		
Family Parish/Place of W	Vorship:			
(To be considered a parishioner of St. Alphonsus Parish, your family must have been registered with the parish office for a minimum of one year prior to application and be a regular contributor to the parish.)				
Briefly describe your family's involvement in your Parish/Place of Worship:				
Briefly describe your reasons for choosing St. Alphonsus School for your child:				
This application is <b>not</b> a red date if a space is available	_	vill be kept on file a	and you will be contacted prior	to the registration
Office Use Only				