

Application Form for Grade ____ (September 20__)

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



Name of Student: _____ Birthdate: _____

Gender: _____

(**We are also applying for our child(ren) in Grade(s): _____)

Previous School Attended: _____

Please indicate any services your child has received:

Speech Language Pathology ____ Psychology ____ Physiotherapy ____ Occupational Therapy ____

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

(a student referral form from your child's school must be filled in and sent directly from the school)

MOTHER

FATHER

Name: _____

Address: _____

Contact Phone #(s): _____

Email address: _____

Religion: _____

(If Catholic, please attach a copy of your child's baptismal certificate.)

Family Parish/Place of Worship:

(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 **not** a registration form. It will be kept on file and you will be contacted prior to the registration date if a space is available for your child(ren).

Office Use Only

Date Received: _____ Interview Date: _____ Time: _____

Notes: _____