



**St. Alphonse 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 reasons for choosing St. Alphonse 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)**