

# 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: \_\_\_\_\_

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

MOTHER

FATHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #(s): \_\_\_\_\_

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 if a space is available for your child(ren).

**Office Use Only**

Date Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Time: \_\_\_\_\_

Family notified: \_\_\_\_\_

Notes: \_\_\_\_\_