

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: _____

(Please see reverse side)