

Sending School Questionnaire for K

This form is to be presented by the parent/guardian of the applicant to the Principal/Coordinator of the student's current School/ Daycare/Nursery Program on behalf of:

St. Maurice School Inc

1639 Pembina Highway at Manahan, Winnipeg MB R3T 2G6
Phone: (204) 452-2873 or (204) 453-4020 Fax: (204) 452-4050

This Form is to be Completed by the Principal/Coordinator of the School/Daycare/Nursery Program

Student:	Current School/Program:
Application for Kindergarten for school year: 20____ - 20____	

FIPPA / PHIA Release: The parent/guardian of the student named on this form agrees to permit their current School/Program to release the information requested below to St. Maurice School, Inc. for the purposes of its application process.

Signature of parent/guardian of the applicant: _____ **Date:** _____

The student named above has applied for admission to Kindergarten at St. Maurice School. We would appreciate your comments regarding this student as we proceed with the admissions process. This information will help us address the student's needs and will be kept in strict confidence. Your frank rating and comments will ultimately aid the student, his/her family, and our school. Please return this form as soon as possible by FAX to (204) 452-4050. Thank you.

Has the student ever been referred to or received any of the following (specify on the back of this sheet):

____ Occupational Therapy ____ Speech and Language Development ____ Psychological Services
____ Other (Please specify)

Please circle below.	Poor =1	Excellent =5	Comments
Attendance	1	2 3 4 5	
Co-operation	1	2 3 4 5	
Academic ability	1	2 3 4 5	
Academic achievement	1	2 3 4 5	
Class participation	1	2 3 4 5	
Relationship with peers	1	2 3 4 5	
Relationship with teachers	1	2 3 4 5	
Responsibility	1	2 3 4 5	

Would this child require additional supports to be successful in Kindergarten? Please specify.

Has this student demonstrated behaviour management issues? Severe ____ Minor ____ Not at all ____

Additional Comments: _____

Your Name (please print): _____ Position: _____

Your Signature: _____ School/Program: _____

Facsimile Confidentiality Note: The information contained in this facsimile message is legally privileged and confidential information intended only for the person/organization named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, discrimination, distribution or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us by telephone and return the original message to us by mail using the address shown above. Thank you.

Revised September 28, 2009