



St. Maurice School Inc.

1639 Pembina Highway, Winnipeg, Manitoba, Canada R3T 2G6
Phone: (204) 452-2873 or (204) 453-4020 Fax: (204) 452-4050
Internet: www.stmaurice.mb.ca Email: info@stmaurice.mb.ca

Application for Grade (circle one): Kindergarten (full time) 1 2 3 4 5 6 7 8 9 10 11 12

Check if applicable: Student with Special Needs* International Student*

*See the Application Information Documents for the additional information required for these situations.

Please PRINT all information.

Application for school year: 20 ___ - 20 ___

Student's M.E.T.#: _____

Current School: _____

Student's Legal Last Name: _____ Parent's last name is different

Legal Given Names: _____ Gender: Female Male

Common Given Name: _____ Birth date: Year _____ Month ___ Day ___

(attach copy of the student's birth certificate)

Citizenship: Student is a Canadian Citizen† Permanent Resident*

†Proof of Canadian citizenship required if born outside of Canada *Proof of Permanent Resident status required

Note: International Students must complete a different application form.

This child has brothers/sisters already in attendance at St. Maurice School: Yes No

Grades of brothers/sisters also applying as new students (if applicable): ___ ___ ___

A parent(s) of this child is an alumnus of St. Maurice School, graduation year(s): _____

Student's Address during the school year:

Apt. _____ Street No. _____ Street _____

City/Town _____

Postal Code _____

Name of the School Division for the student's home address: _____

Student's Home Telephone Number (_____) _____ - _____ Unlisted? Yes No

Student's Cellular Phone Number ((_____) _____ - _____ (if applicable)

Student's Manitoba Health Number _____ and Student's PHIN: _____

Student's Religion: Catholic* Other: _____

Catholic Parish (if applicable) _____

The student has already received the following sacraments: Baptism* Penance Eucharist Confirmation

*Please attach a copy of the student's baptismal certificate, required if Catholic.

Has the student ever attended a religion-affiliated school: Yes No

If yes, name of school: _____

ALSO COMPLETE
THE BACK

ST. MAURICE SCHOOL - OFFICE USE ONLY

Date Received: _____

<input type="checkbox"/> \$100 application fee received <input type="checkbox"/> copy of Birth Certificate received <input type="checkbox"/> proof of Permanent Resident Status received <input type="checkbox"/> copy of Baptismal Certificate (required if Catholic) <input type="checkbox"/> copy of most recent Report Card received <input type="checkbox"/> copy of Transcript (if applying for Grades 11 or 12) <input type="checkbox"/> Sending School Questionnaire received <input type="checkbox"/> Interview Scheduled (for K, 7-12)	<input type="checkbox"/> Acceptance letter <input type="checkbox"/> Conditional Acceptance letter: <input type="radio"/> Grade 10, 11, 12 <input type="radio"/> Special Condition(s) <input type="checkbox"/> Waiting List Letter <input type="checkbox"/> Non-Acceptance Letter (and \$50 PEF refund) Administrator's Signature: _____ Home Room placement (if accepted): _____
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Please complete ALL information fields and PRINT all information.

FATHER (Custodial Parent / Legal Guardian) **MOTHER** (Custodial Parent / Legal Guardian)

In any situation other than joint legal custody, the School will require that an original copy of the Custody Court Order be brought to school such that school office personnel may make a certified copy of the original.

Full Name:		Full Name:	
Title:	Mr. Dr. Other: _____	Title:	Mrs. Miss Ms. Dr. Other: _____
Address:		Address:	
Postal Code:		Postal Code:	
Home Phone:	()	Home Phone:	()
Religion:		Religion:	
Occupation:		Occupation:	
Employer:		Employer:	
Bus. Phone:	()	Bus. Phone:	()
Cell Phone:	()	Cell Phone:	()
Email*:		Email*:	

*The email address supplied above should be one that may be used by school staff for confidential communication with the parent(s).

Please provide the name of an adult relative or friend who we may also contact in the case of an emergency:

Emergency Contact Name:		Relationship to Student:	
Phone Number:		Alternate Phone/ Cell #:	

I hereby grant the St. Maurice School Administration permission to request any and all information and records they may require for the application process. Please refer to the Application Information document for the relevant school year (different versions exist for applications for K-6, Grades 7-12, International Students and for Students with Level 2 or Level 3 Disabilities). Information is collected under the conditions of the St. Maurice School Privacy Statement (available in print from the school's General Office, or at www.stmaurice.mb.ca)

Unless identified on the reverse that the applicant is an International Student, the student referred to in this Agreement is a Canadian Citizen or Permanent Resident residing in Manitoba with a parent(s) or legal guardian(s). All information supplied with this application is correct and factual.

Religious Instruction: I understand and accept that all students attending St. Maurice School are required to take part in Religion. Catholic Religion courses and activities such as religious retreats are compulsory at all levels. Attendance at grade Masses and school Masses is an integral and compulsory part of the Religion program.

If accepted, I agree to make myself familiar with the school's rules and to ensure that my son/daughter complies with them. I further agree to accept all financial responsibility and to submit in due course (as outlined in the application and tuition information I have received) the tuition and other fees required.

SIGNATURE OF PARENT / GUARDIAN

DATE