

**Sending School Questionnaire for
GRADES 1 to 12**

*This form is to be presented by the
parent/guardian of the applicant to the
Principal of the student's current school on
behalf of St. Maurice School.*

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
Email to: office@stmaurice.mb.ca

This SSQ form is to be completed by the Principal, or their Designate, of the school your child currently attends.

Student:	Current School:
Application for Grade _____ for school year: 20____ - 20____	

FIPPA / PHIA Release: The parent/guardian of the student named on this form agrees to permit their current School 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 typed full name of the parent and school staff completing this form shall constitute their signatures where indicated.

The student named above has applied for admission to 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 or by scanned document emailed to office@stmaurice.mb.ca

Please indicate the type of program the student currently follows. ☐ Regular ☐ Adapted ☐ Modified ☐ EAL

Has the student ever been referred to or received any of the following (specify on an additional sheet if required):

☐ Occupational Therapy ☐ Speech and Language Development ☐ Psychological Services
☐ Resource Programming ☐ Other (Please specify)

Please select a rating, with 5 = highest Comments

Attendance	
Study Habits/Organization	
Co-operation	
Academic ability	
Academic achievement	
Class participation	
Relationship with peers	
Relationship with teachers	
Responsibility	

Would this child require additional supports to be successful at St. Maurice? Please specify.

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

Additional Comments: _____

Your Name: _____ Position: _____

Your Signature*: _____ School/Program: _____

Date completed: _____

Thank you!

Confidentiality Note: The information contained in this 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 message in error, please notify us by telephone and delete or destroy all copies of the message.

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