

**Sending School Questionnaire for
KINDERGARTEN ONLY**

*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.*

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/Coordinator of the School/Daycare/Nursery Program

Student:	Current Pre-School/Daycare:
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 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 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 or by scanned document emailed to office@stmaurice.mb.ca

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
☐ EAL Programming ☐ Other (Please specify)

Please select a rating, with 5 = highest Comments

Co-operation	
Academic ability	
Academic achievement	
Class participation	
Relationship with peers	
Relationship with teachers	
Responsibility	

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: _____

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.