



Educating the Heart and the Mind

# St. Maurice School

of St. Vital Parish

A K-12 Parochial Catholic School

Application for Grade: Choose One

Application for School Year: 20 \_\_\_\_ - 20 \_\_\_\_

*\*Students will be placed into the grade appropriate to their chronological age.*

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

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

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: Students who are not already a Canadian Citizen or Permanent Resident are considered to be International Students and must also complete and submit the Proof of Status in Canada Form, together with the required documentation

This child has brothers/sisters already in attendance at St. Maurice School:

☐ Yes ☐ A sibling is a former SMS student ☐ 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 Phone Number: (\_\_\_\_) \_\_\_\_\_ Student's Cellular Phone Number: (\_\_\_\_) \_\_\_\_\_

Student's MB Health Number (6 digit): \_\_\_\_\_ and Student's PHIN (9 digit): \_\_\_\_\_

Student's Religion: ☐ Catholic\* ☐ Other: \_\_\_\_\_

Catholic Parish (if applicable): \_\_\_\_\_

This student has already received the Catholic sacraments of: ☐ Baptism\* ☐ Penance ☐ Eucharist ☐ Confirmation

*\*Please attach a copy of the student's baptismal certificate, required if to be recognized as Catholic for the purpose of the application process.*

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

If yes, name of school: \_\_\_\_\_

## ST. MAURICE SCHOOL - OFFICE USE ONLY

Date Received: \_\_\_\_\_

- ☐ application fee received
- ☐ copy of Birth Certificate received
- ☐ proof of Permanent Resident Status received
- ☐ copy of Baptismal Certificate (required if Catholic)
- ☐ copy of most recent Report Card received
- ☐ copy of Transcript (if applying for Grades 11 or 12)
- ☐ Sending School Questionnaire received
- ☐ Proof of Status in Canada Form and documentation received for any International student application

- ☐ Acceptance letter
- ☐ Conditional Acceptance letter:
  - ☐ Grade 10-12 ☐ Special Condition(s)
- ☐ Waiting List Letter
- ☐ Non-Acceptance Letter (and \$50 PEF refund)
- ☐ Home Room placement (if accepted): \_\_\_\_\_
- ☐ Administrator's Signature: \_\_\_\_\_

|                                                                                                                                                                                                                                    |                                                                        |                                                                                               |                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| FATHER ( <input type="checkbox"/> Custodial Parent / <input type="checkbox"/> Legal Guardian)                                                                                                                                      |                                                                        | MOTHER ( <input type="checkbox"/> Custodial Parent / <input type="checkbox"/> Legal Guardian) |                                                                                                                                    |
| <i>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.</i> |                                                                        |                                                                                               |                                                                                                                                    |
| Full Name:                                                                                                                                                                                                                         |                                                                        | Full Name:                                                                                    |                                                                                                                                    |
| Title:                                                                                                                                                                                                                             | Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____ | Title:                                                                                        | Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> 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](http://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: