

APPLICATION FOR ADMISSION

Immaculate Heart of Mary School

650 Flora Avenue, Winnipeg, Manitoba R2W 2S5

Phone: 204-582-5698 Fax: 204-586-6698

E-mail: ihms@ihms.mb.ca



Grade applied for: S K 1 2 3 4 5 6 7 8

Current Date: _____

STUDENT INFORMATION

last name first middle gender

street city province postal code

home phone date of birth: month / day / year present age

current school other schools attended in the past 3 years

religion home parish

other siblings (name / gender / age)

PARENTAL CONTACT INFORMATION

Father:

last name first middle

occupation employer business phone

home phone cell phone e-mail

father's religion home parish

Mother:

last name first middle

occupation employer business phone

home phone cell phone e-mail

mother's religion home parish

GENERAL INFORMATION

How did you learn about Immaculate Heart of Mary School? Be as specific as possible.

Have you had any relatives who have attended Immaculate Heart of Mary School? If so, list their names, relationships to you, and years attended.

FOR OFFICE USE

Received by: _____ Date received: _____

Notes: _____