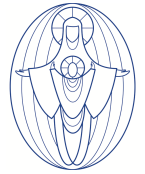


APPLICATION FOR ADMISSION

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.

SUPPORTS / SERVICES

Please indicate (✓) if your child is receiving any of the below services / supports.

- Resource _____

- School counsellor _____

- Psychology _____

- Psychiatry _____

- Reading _____

- Social work _____

- Speak & Language _____

- Occupational therapy _____

- Outside agency _____

- Other _____

If any services/supports above are checked (✓), please complete details below.

Name of agency/support service: _____ **Contact person:** _____

Address: _____ **Phone:** _____

Briefly describe the reason for service: _____

Name of agency/support service: _____ **Contact person:** _____

Address: _____ **Phone:** _____

Briefly describe the reason for service: _____

FOR OFFICE USE

Received by: _____ Date received: _____

Notes: _____