



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

Current Date: _____

STUDENT INFORMATION

last name	first	middle	gender
Manitoba residence: street	city	province	postal code
home phone	date of birth: month / day / year		present age
name of school last attended	city / village	current grade	
religion	name of home parish		
other siblings (name / gender / age)			

PARENTAL CONTACT INFORMATION

Father:

last name	first	middle
cell phone	e-mail	
father's religion		

Mother:

last name	first	middle
cell phone	e-mail	
mother's religion		

GENERAL INFORMATION

Citizenship or immigration status:

____ Canadian Citizen ____ Permanent Resident ____ Other (Provide details below. Example: Visitor Visa, Temporary Resident, Work Permit, Refugee, etc.)

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.



LEARNING SUPPORTS / SERVICES

Student name: _____

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

Resource _____

School Counsellor _____

Psychology _____

Psychiatry _____

Reading _____

Social Work _____

Speech & Language _____

Occupational Therapy _____

Outside agency _____

Other _____

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

Briefly describe the reason for service: _____

FOR OFFICE USE

Received by: _____ Date received: _____ Health care coverage status: _____

Notes _____