

## APPLICATION FOR ADMISSION 2012-2013

Return completed application to the Admissions Office along with the **non-refundable application fee of \$50.00.**

Applicant for Grade: \_\_\_\_\_

Have you applied before?  Yes  No

For Office Use Only	
Date Received	_____
Fee Paid	_____
Exam	_____ Interview _____

### STUDENT INFORMATION

<b>STUDENT'S FULL NAME:</b> _____				
Last	First	Middle		
Home Address: _____				
Street	City	Province	Postal Code	
Winnipeg Address: _____				
(if different)				
Street	City	Province	Postal Code	
Home Phone: _____		Unlisted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Winnipeg Phone (if different): _____		Unlisted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth Date: _____		Birth Place: _____		
Day/Month/Year		City/Province		
Canadian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Landed Immigrant	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes attach documentation)
Religion: _____		Parish/Congregation: _____		
Current School: _____		Fr. Immersion/français: <input type="checkbox"/> Yes <input type="checkbox"/> No		
School Division where student resides: _____				

### PARENTS/GUARDIANS WITH WHOM STUDENT IS LIVING

FATHER/GUARDIAN			MOTHER/GUARDIAN		
<b>Relationship to student:</b> _____			<b>Relationship to student:</b> _____		
<b>Full Name:</b> _____			<b>Full Name:</b> _____		
<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Other _____	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Address: _____			Address: _____		
City	Prov.	Postal Code	City	Prov.	Postal Code
Home Phone: _____			Home Phone: _____		
Religion: _____			Religion: _____		
Occupation: _____			Occupation: _____		
Employer: _____			Employer: _____		
Bus. Address: _____			Bus. Address: _____		
Bus. Phone: _____			Bus. Phone: _____		
Cell Phone: _____			Cell Phone: _____		
E-mail Address: _____			E-mail Address: _____		

**PARENT/GUARDIAN NOT LIVING WITH STUDENT:**

<b>Relationship to student:</b> _____		<b>Religion:</b> _____	
<b>Full Name:</b> _____		<b>Occupation:</b> _____	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____		<b>Employer:</b> _____	
<b>Address:</b> _____		<b>Bus. Address:</b> _____	
_____		<b>Bus. Phone:</b> _____	
<b>City</b> _____	<b>Prov.</b> _____	<b>Postal Code</b> _____	
<b>Home Phone:</b> _____		<b>Cell Phone:</b> _____	

If separated/divorced, who has legal custody?    Mother     Father     Joint

Who should receive all school correspondence?    Mother     Father     Both

**APPLICANT'S BROTHERS AND SISTERS:**

Name	Age	School or Occupation

**APPLICANT'S CLOSE RELATIVES WHO ARE ATTENDING OR HAVE ATTENDED ST. MARY'S ACADEMY**

Name	Relationship	Years at St. Mary's	Graduation Year

**MEDICAL AND EMERGENCY INFORMATION:**

Manitoba Health Insurance Registration Number \_\_\_\_\_ PIN No. \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Applicant has life threatening allergy    yes     no

Name of Allergen \_\_\_\_\_    Applicant carries an EpiPen    yes     no

Describe any other health problems the school should know about \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_    Work Phone: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

<p><b>APPLICATION DEADLINE</b>  <b>FEBRUARY 17, 2012</b></p>
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