

**Sending School Questionnaire for K**

*This form is to be presented by the parent/guardian of the applicant to the Principal/Coordinator of the student's current School/ Daycare/Nursery Program on behalf of St. Maurice School.*

**St. Maurice School Inc**

1639 Pembina Highway at Manahan, Winnipeg MB R3T 2G6  
Phone: (204) 452-2873 or (204) 453-4020 Fax: (204) 452-4050

**This Form is to be Completed by the Principal/Coordinator of the School/Daycare/Nursery Program**

|   |                         |
|---|-------------------------|
| Student:  | Current School/Program: |
| Application for Kindergarten for school year: 20____ - 20____ |                         |

**FIPPA / PHIA Release:** The parent/guardian of the student named on this form agrees to permit their current School/Program to release the information requested below to St. Maurice School, Inc. for the purposes of its application process.

**Signature of parent/guardian of the applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The student named above has applied for admission to Kindergarten at St. Maurice School. We would appreciate your comments regarding this student as we proceed with the admissions process. This information will help us address the student's needs and will be kept in strict confidence. Your frank rating and comments will ultimately aid the student, his/her family, and our school. Please return this form as soon as possible by FAX to (204) 452-4050. Thank you.

Has the student ever been referred to or received any of the following (specify on the back of this sheet):  
\_\_\_ Occupational Therapy      \_\_\_ Speech and Language Development      \_\_\_ Psychological Services  
\_\_\_ EAL Programming      \_\_\_ Other (Please specify)

| <b>Please circle below.</b> | <b>Poor =1</b> | <b>Excellent =5</b> | <b>Comments</b> |
|-----------------------------|----------------|---------------------|-----------------|
| Co-operation                | 1              | 2 3 4 5             |                 |
| Academic ability            | 1              | 2 3 4 5             |                 |
| Academic achievement        | 1              | 2 3 4 5             |                 |
| Class participation         | 1              | 2 3 4 5             |                 |
| Relationship with peers     | 1              | 2 3 4 5             |                 |
| Relationship with teachers  | 1              | 2 3 4 5             |                 |
| Responsibility              | 1              | 2 3 4 5             |                 |

Would this child require additional supports to be successful in Kindergarten? Please specify.

Has this student demonstrated behaviour management issues? Severe \_\_\_ Minor \_\_\_ Not at all \_\_\_

Additional Comments: \_\_\_\_\_

Your Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

Your Signature: \_\_\_\_\_ School/Program: \_\_\_\_\_

Date completed: \_\_\_\_\_

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