

Sending School Questionnaire for 1-12

This form is to be presented by the parent/guardian of the applicant to the Principal of the student's current school 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, or their Designate, of the school your child attends at present

Student:	Current School:
Application for Grade _____ for school year: 20__ - 20__	

FIPPA / PHIA Release: The parent/guardian of the student named on this form agrees to permit their current School 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 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.

Please indicate the type of program the student currently follows. Regular Adapted Modified EAL

Has the student ever been referred to or received any of the following (specify on an additional sheet if required):

Occupational Therapy Speech and Language Development Psychological Services
 Resource Programming Other (Please specify)

Please circle below.	Poor =1	Excellent =5	Comments
Attendance	1	2 3 4 5	
Study Habits/Organization	1	2 3 4 5	
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 at St. Maurice? Please specify. Use a separate sheet if required.

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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