



ST. JOHN BREBEUF SCHOOL REGISTRATION FOR ADMISSION

605 Renfrew Street
Winnipeg, Manitoba
R3N 1J8

Tel: 204-489-2115

Fax: 204-489-6097

Email: leeman@sjbcommunity.ca

Grade Registering For _____ **School Year** _____ **Date of Registration** _____

Student's Legal Name _____
Surname First Middle Nickname

Home Address _____
Street City Province Postal Code

Phone Number _____ Fax _____ Date of Birth ____/____/____ Present Age ____
dd mm yy

Name of Present School _____ School Division Reside In _____

School Address _____

Religion _____ Name of Religious Institution _____

Baptism ____/____/____ Parish/Place _____
dd mm yy

First Communion ____/____/____ Confirmation ____/____/____
dd mm yy dd mm yy

<input type="checkbox"/> Mr. <input type="checkbox"/> _____ Father's Name _____	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ Mother's Name _____
Address _____	Address _____
City _____ Postal Code _____	City _____ Postal Code _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Address _____	Business Address _____
Work # _____ Cell # _____	Work # _____ Cell # _____
EMAIL _____	EMAIL _____
Father's/Guardian's Religion _____	Mother's/Guardian's Religion _____

Emergency Contact 1:

Name _____ Relationship to Child _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

Emergency Contact 2:

Name _____ Relationship to Child _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

Student lives with: Both Parents Mother Only Father Only Guardian Foster

Custody: Both Parents Mother Only Father Only Guardian Other

School reports / general mailings / notices should be sent to: Parents/Guardians Mother Father

School age siblings: _____ (NAME / GRADE / SCHOOL)

_____ (NAME / GRADE / SCHOOL)

_____ (NAME / GRADE / SCHOOL)

Aboriginal Identity: *(Completion optional for Manitoba Education, Training & Youth)*

If Aboriginal, you may select up to 3 identities.

<input type="checkbox"/> Not Aboriginal	<input type="checkbox"/> Aboriginal - Uncertain of Ancestry		
<input type="checkbox"/> Anishinaabe	<input type="checkbox"/> Ininiw (Cree)	<input type="checkbox"/> Dene (Sayisi)	<input type="checkbox"/> Dakota
<input type="checkbox"/> Oji-Cree	<input type="checkbox"/> Michif	<input type="checkbox"/> Michif-Cree	<input type="checkbox"/> Michif-French
<input type="checkbox"/> Michif-Ojibway	<input type="checkbox"/> Inuktituq	<input type="checkbox"/> Aboriginal - Other	

Skills or services your family could offer St. John Brebeuf School:

My child has Special Needs. Please specify:

PLEASE PROVIDE THE FOLLOWING WITH THIS REGISTRATION:

1. Your child's most recent progress report
2. Your child's most recent picture
3. Copy of Birth Certificate
4. Immunization Record
5. Copy of Baptismal Certificate (if baptized)
6. Registration Fee - K-8: \$50.00 (per child)

I / We agree to have our address and telephone number listed in the School Classroom Directory which is made available to all school families. Yes No

With this registration I / we accept the following:

1. The Policies, Rules and Regulations as stipulated in the St. John Brebeuf Handbook.
2. The right of Administration to discipline or dismiss a student whose conduct warrants such action.
3. Tuition rates as determined by the Board of Directors of St. John Brebeuf and prompt payment thereof.

Date

Signature of Parent(s) / Guardian(s)