



ST. JOHN BREBEUF SCHOOL
605 RENFREW STREET, WINNIPEG, MB R3N 1J8

APPLICATION PACKAGE

STUDENT NAME _____

Thank you for your interest in St. John Brebeuf School.
Please note the following important information regarding the application process.

- Completed **kindergarten** applications are due in the school office by **January 31st, 2023**.
- Completed **grade 1 through 8** applications are due in the school office by **February 28th, 2023**.
- Application forms can be dropped off or mailed to the school office, with the exception of the teacher recommendation form which must be submitted by your child's current teacher directly to St. John Brebeuf School and the St. John Brebeuf parishioner status form which is submitted by St. John Brebeuf Parish directly to the school.
- Parents/guardians will be contacted to schedule interviews and entrance exams at the beginning of February for kindergarten and the beginning of March for grade 1 to 8 providing there is space.
- Acceptance will be determined and families notified of the outcome by the end of February for kindergarten and the end of March for grades 1 to 8.
- Contact the school office at (204) 489-2115 or schooloffice@sjbcommunity.ca for questions regarding the application process.

1. Application Form: Complete all sections and sign.
2. Applicant's Personal Statement
3. Parent Statement
4. Teacher Recommendation Form: Applicants's current teacher must submit form directly to St. John Brebeuf School.
5. SJB Parishioner Status Form: Submission only required for St. John Brebeuf Church parishioners.
6. Permission to Release Confidential Information
7. Your child's most recent report card (K - 8) or progress report (pre-school)
8. Copy of Birth Certificate: Kindergarten students must be 5 years of age by Dec. 31 of the application year.
9. Copy of Applicant's Baptismal Certificate
10. Application Fee: Nonrefundable \$125.00 fee per child. Cheques payable to St. John Brebeuf School.



ST. JOHN BREBEUF SCHOOL - APPLICATION FOR ADMISSION

Application for Grade _____ School Year _____

STUDENT

Last Name		First Name		Middle Name		Preferred First Name	
Home Address #	Street			City		Province	Postal Code
Sex: M___ F___	Home Phone			Date of Birth (day/month/year)		Citizenship	
Name of Current School				School Address			
Name of Current Parish/Religious Institution				Name of Current Pastor			
Student's Religion			Mother's Religion			Father's Religion	
Student's Baptism (date/place)			Student's First Communion (date/place)			Student's Confirmation (date/place)	
Student lives with: (check one)	Mother and Father	Mother and Stepfather	Mother only	Father and Stepmother	Father only	Guardian	Other (specify)

PARENT/ GUARDIAN

Mr. ___ Dr. ___ Other ___		Mrs. ___ Ms. ___ Dr. ___ Other ___	
Father's Full Name		Mother's Full Name	
Cell #	Work #	Cell #	Work #
Home Address		Postal Code	
Home Address		Postal Code	
Email		Email	
Occupation		Occupation	
Employer		Employer	
Stepmother's Full Name (if applicable)		Stepfather's Full Name (if applicable)	

SIBLINGS

Name	Date of Birth (day/month/year)	Present School (if applicable)

For Office Use Only Rec.	1 2 3 4 5	Acc.	Reg. Due	Cmpl.

Incmpl-Notes:

APPLICANT'S PERSONAL STATEMENT

TO BE COMPLETED BY STUDENT (for kindergarten students, please help answer questions that are applicable)

PART 1 ACADEMICS

What is your favourite thing about school?

What do you like least about school?

What are your strongest subject areas?

What subject areas require improvement? In what way do they require improvement?

How much homework do you do each night?

PART 2 EXTRACURRICULAR ACTIVITIES

What sport activities are you involved in (both in and out of school)?
Volleyball___ Basketball___ Hockey___ Soccer___ Swimming___
Other:

What artistic activities are you involved in (both in and out of school)?
Dance___ Drama___ Music (specify instrument)_____
Other:

PART 3 FAITH LIFE

How are you involved in your parish/church?
Altar Server___ Attend Catechism___ Too Young to Participate___ Not Involved___
Other (describe briefly):

Do you do any volunteer service in your community? Yes___ No___
If yes, please explain:

PARENT STATEMENT

Why do you want your child educated in a faith-based school?

Briefly describe your involvement in your faith community.

Does your child have any diagnosed learning disabilities or medical conditions which require a special program of studies such as an IEP or other form of accommodation in the classroom? If so, please explain:

Briefly describe your child. (This may include an assessment of your child's strengths and weaknesses or a statement of why you believe that St. John Brebeuf School would be a good match for your child).

We believe that parents are the primary educators of our children within a faith community. How would you support and extend what is taught at school?

Any additional information or concerns:

Skills your family could offer St. John Brebeuf School:

How did you learn about St. John Brebeuf School? Family___ Friends___ Parish___ Website___ Alumnus___
Other (please describe): _____

I/we affirm that the information contained in this application is true and accurate. I/we understand that misrepresentation, falsification or omission of facts on this application may result in refusal of admission and/or prompt withdrawal of any previous offer of admission.

Signature of Father

Date

Signature of Mother

Date



ST. JOHN BREBEUF SCHOOL
605 RENFREW STREET, WINNIPEG, MB R3N 1J8
TELEPHONE: 204.489.2115
FAX: 204.928.7455

Permission to Release Confidential Information

I, _____, the parent/guardian of _____
name of parent/guardian *name of student*

give permission for _____
current school/agency

to release confidential verbal information and/or written information/reports to the staff of St. John Brebeuf School about my child.

Signed

Date



ST. JOHN BREBEUF SCHOOL
 605 RENFREW STREET, WINNIPEG, MB R3N 1J8
 Tel: 204.489.2115

Please fax or email directly to St. John Brebeuf School.
 Fax: 204-928-7455 Email: schooloffice@sjbcommunity.ca

TEACHER RECOMMENDATION FORM

Date: _____ **Student name:** _____

Current Grade: _____ **School:** _____ **Student MET #** _____

*The above student has applied for admission to **St. John Brebeuf School**. We would appreciate your comments regarding this student. The information will help us to 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.. We appreciate your assistance.*

This form can be faxed to the above fax number.

Please indicate the type of program the student follows: Regular___ Regular Adapted___ Modified___

Has the student ever been referred to: Resource___ Clinician Services (please specify)_____

Please circle the appropriate number grading from poor (1) to excellent (5)

		COMMENTS
Attendance	1 2 3 4 5	
Displays effort	1 2 3 4 5	
Works cooperatively with peers	1 2 3 4 5	
Works independently	1 2 3 4 5	
Displays courtesy and respect	1 2 3 4 5	
Completes daily work	1 2 3 4 5	
Organizes materials	1 2 3 4 5	
Listens attentively	1 2 3 4 5	
Follows directions	1 2 3 4 5	
Participates in class	1 2 3 4 5	
Displays self-control	1 2 3 4 5	
Demonstrates a positive attitude	1 2 3 4 5	
Relationships with peers	1 2 3 4 5	
Relationships with teachers	1 2 3 4 5	
Academic ability in ELA	1 2 3 4 5	
Academic ability in mathematics	1 2 3 4 5	

Has this student been a discipline problem? Severe___ Minor___ Not at all___

Would you recommend the student for placement at St. John Brebeuf School? Yes___ No___ With reservation___

Additional Comments:

 Signature of Classroom Teacher

 Signature of Principal



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ST. JOHN BREBEUF CHURCH - PARISHIONER STATUS FORM FOR ST. JOHN BREBEUF SCHOOL ADMISSIONS

Parents and applicant children who are indicating that they are parishioners of St. John Brebeuf Parish are required to complete and submit this form to the St. John Brebeuf Parish Office. Please drop off this form in the Parish office on weekdays between 8:30 am and noon, or between 12:30 pm and 4:00 pm. The form may also be dropped off into the mail slot outside the St. John Brebeuf Parish office.

Parish staff will complete the form and forward it directly to the St. John Brebeuf School office for inclusion with the student's application to St. John Brebeuf. The Parish office must confirm the parishioner status of the child/family in order for the applicant to be considered a "parishioner" according to the definition of parishioner for the purposes of the school's Admission Policy as outlined on the Application Information Sheets.

The St. John Brebeuf Office considers a "parishioner" to be an active practicing Roman Catholic who is registered, attending, and contributing to the Parish and known to the priest of the Parish prior to the application submission to St. John Brebeuf. In addition, the parishioner's applicant child must be baptized in order to be considered in this priority category.

Please PRINT all information

Father's First and Last Names: _____

Mother's First and Last Names: _____

Father's Religion: _____ Mother's Religion: _____

Names of all children in the family, and the grade at St. John Brebeuf being applied for if applicable:

Family's home address: _____

Best contact phone numbers – Father: _____ Mother: _____

FOR OFFICE USE ONLY

The family indicated above IS / IS NOT eligible to be considered for the priority category of St. John Brebeuf Parishioner as it pertains to the Admissions Policy for St. John Brebeuf School.

Date: _____ Initials: _____