

The Brandon School Division
St. Augustine School Kindergarten Random Selection Application

Student Information:

How many students do you wish to register for St. Augustine School Kindergarten for the 2023/24 school Year?

- 1
- 2

First Name: _____ Last Name: _____

Date of Birth: _____

First Name: _____ Last Name: _____

Date of Birth: _____

Please indicate if the student(s) is/are baptized Catholic?

- Yes
- No

Parent / Guardian Information:

First Name: _____ Last Name: _____

Phone Number: _____ E-mail: _____

Home Address: _____

School Information:

Is at least 1 dependent from your household currently enrolled in St. Augustine School?

- Yes
- No

If "Yes" please provide the legal name(s) of all siblings already attending this school

