



Shaftesbury High School

2240 Grant Ave. | Winnipeg, MB R3P 0P7 | 204.888.5898
www.pembinatrails.ca/shaftesbury

Shaftesbury High School - School of Choice (SOC) Application Form Grades 9–12 | 2026–2027 School Year

Student Information

Student Legal Name: _____

Preferred Name (if applicable): _____

Date of Birth (DD/MM/YYYY): _____

Current Grade: _____ Grade Applying For: _____

Current School: _____

Home Address: _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____

School Division of Residence: _____

Parent/Caregiver Name(s): _____

Primary Email Address: _____

Primary Phone Number: _____

Sibling Information (if applicable)

Does the student currently have a sibling **attending Shaftesbury High School**? Yes No

If yes, please list sibling name(s) and grade(s):

Reason for School of Choice Application

Please explain **why you are applying for School of Choice to Shaftesbury High School**.

(Attach additional pages if required.)

Acknowledgement

By signing below, I acknowledge that:

- Submission of this form does **not guarantee acceptance**.
- School of Choice applications are reviewed based on **provincial guidelines, school capacity, and priority criteria**.
- Applications must be submitted **no earlier than 8:30 a.m. on January 6, 2026, and no later than May 15, 2026**, to be considered for the 2026–2027 school year.

Parent/Caregiver Signature: _____

Date: _____

.....

For School Use Only

Date & Time Received: _____

Reviewed By: _____

Decision: Approved Waitlisted Declined