

Education

Instruction, Curriculum and Assessment Branch
Distance Learning Unit
555 Main Street, Winkler, MB R6W 1C4
T 204-325-1700 or 1-800-465-9915 F 204-325-1719
www.edu.gov.mb.ca/k12

GRADE 7/8 BASIC FRENCH

This application process is to be completed each school year.

- If you are attending school authorized signature by the School Facilitator must be given **OR**
- If you are homeschooling, register with the homeschooling office by calling 1-866-550-4818.
- Parent/guardian signature on all Admission/Registration forms is required.

SECTION A STUDENT INFORMATION

STUDENT SURNAME		LEGAL FIRST NAME		MIDDLE NAME(S)	
DATE OF BIRTH (DD-MMM-YYYY)	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	MAILING ADDRESS			
CITY/TOWN	PROVINCE	POSTAL CODE	HOME PHONE	ALTERNATE PHONE	
EMAIL ADDRESS			PREVIOUS NAME (IF ANY)		
Have you been enrolled with ISO before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what year were you enrolled? _____	
REASON FOR ENROLLMENT (PLEASE CHECK ONE)					
<input type="checkbox"/> Distance From School		<input type="checkbox"/> Registered Home Schooling Student			
<input type="checkbox"/> Not Offered in School		<input type="checkbox"/> Unknown			

Are you attending school (K-Grade 12)? Yes No If yes, please have the school principal/facilitator complete Section B.

SECTION B SCHOOL INFORMATION

PRESENT SCHOOL		SCHOOL ADDRESS		SCHOOL CODE
AUTHORIZED BY (SIGNATURE)		TITLE		STUDENT MET #
FACILITATOR NAME	FACILITATOR EMAIL		PHONE	PHONE EXT

SECTION C STUDENT AND PARENT/GUARDIAN

I hereby certify that all statements made above are correct and complete, and that any misrepresentation of this data may result in the withdrawal of my registration status.

Student Signature _____ Date _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

SECTION D COURSE(S)

ATTENDING \$135 ~ NON ATTENDING \$ 122 ~ NON RESIDENT \$207

COURSE NAME (Students have 12 months from date of registration to complete a course)	SUBJECT CODE	FEES
<input type="checkbox"/> Grade 7 Basic French	0403 007 001	
<input type="checkbox"/> Grade 8 Basic French	0403 008 001	
<ul style="list-style-type: none"> • Make Cheques/Money Orders payable to the Minister of Finance. Do not send cash in the mail. • Refunds must be applied for during the first 30 days of the student's registration. • A \$30 administration fee deducted if course returned unopened. A \$50 administration fee is deducted from refund if course returned opened and unmarked. • Costs for returning courses are at the purchaser's expense, ISO is not responsible for lost or damaged goods. • Refer to the 2011 - 2012 Course Guide for ISO or www.edu.gov.mb.ca/k12/dl for the complete Refund/Return Policy. 		Total Course Fee <small>Please do not add GST or PST Enter this Total Course Fee amount on reverse of form.</small>

Admission/Registration Form

SECTION E MISCELLANEOUS FEES (GST APPLICABLE)

ITEM NAME	CODE	FEE
<input type="checkbox"/> Basic French Passeport — Français 1/En Route	0403 007 005	12.30
<input type="checkbox"/> Basic French Passeport — Français 2/Salut!	0403 008 005	3.00
<input type="checkbox"/> Course Transfer		25.00
<input type="checkbox"/> Exam Rescheduling or Exam Rewrite or Replacement Material (circle one)		50.00
<input type="checkbox"/> Reregistration (6 months)		60.00
	SUBTOTAL	
	5% GST	

Note! • Miscellaneous Fees are Non-Refundable.

Amount Owing
Total Section E

SECTION F SUPPLIES (AUDIOS, VIDEOS, SLIDES, VIEWERS) (GST AND PST APPLICABLE)

ITEM	CODE	FEE
<input type="checkbox"/> Basic French Audio Grade 7	0403 007 010	5.50
<input type="checkbox"/> Basic French Audio Grade 8	0403 008 010	5.50
	SUBTOTAL	
	5% GST	
	7% PST	

Note! • Supplies are Non-Refundable.

Total Section F

SECTION G CREDIT CARD

VISA MASTERCARD

Card # _____ Expiry Date _____

Cardholder Name (please print) _____

Signature _____ Phone # _____

SECTION H FOR OFFICE USE ONLY (Do not write in this box)

Date Received _____	CC Authorization # _____
Remittance Amount _____ Refund Amount _____	Purchase Order # _____
Balance Owing _____	Invoice/Refund # _____
School Divisions/Organizations: Please enclose a Purchase Order with the application(s) if you are requesting invoicing.	
PO/Refund Information _____	

Total Section D

Grand Total