



Education, Citizenship and Youth
 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

Admission/Registration Form
 for Independent Study Option Students (ISO)
 July 1, 2009 – June 30, 2010

GRADE 8

SECTION A STUDENT INFORMATION

STUDENT SURNAME		LEGAL FIRST NAME		MIDDLE NAME(S)	
DATE OF BIRTH (YY/MM/DD)	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
<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 2009 - 2010 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>

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SECTION E MISCELLANEOUS FEES (GST APPLICABLE)

ITEM NAME	CODE	FEE
<input type="checkbox"/> Basic French Passeport — Français 2/Salut!	0403 008 005	3.00
<input type="checkbox"/> Social Studies — People Through the Ages	0042 008 010	56.18
<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
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> Note! • Textbook titles followed by MTBB must be ordered from the Manitoba Text Book Bureau (866-771-6822). </div>		SUBTOTAL
		5% GST

Amount Owning

Total Section E

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

ITEM	CODE	FEE
<input type="checkbox"/> Basic French Audio	0403 008 010	5.50
<input type="checkbox"/> ELA Video	DV-0031	5.50
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> Note! • Supplies are Non-Refundable. </div>		SUBTOTAL
		5% GST
		7% PST

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