

RESIDING IN AN INSTITUTION

UNDER 18 YEARS OF AGE
(RESIDENTIAL REHABILITATION/TREATMENT FACILITIES)

Please attach a letter on your facility letterhead with this Admission/Registration Form that contains the following information.

- Verification that your facility provides residential rehabilitation or treatment.
- Anticipated length of time in facility (eg. # of days/months).
- Identify student's academic history and rationale for current course selection(s).
- Plans for student's continuation with course(s) upon leaving facility (include name of future school if applicable).

PLEASE CONTACT THE DISTANCE LEARNING UNIT PRIOR TO REGISTERING A STUDENT WHO WILL REQUIRE ADAPTATIONS OR MODIFICATIONS. [www.edu.gov.mb.ca/k12/dl/iso/credits.html]

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 <input checked="" type="checkbox"/> Medical Reasons					

SECTION B INSTITUTION DIRECTOR INFORMATION

NAME OF FACILITY	DIRECTOR SIGNATURE
EMAIL ADDRESS	PHONE

SECTION C STUDENT AND SUPERVISOR/TEACHER

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 _____

Student's Supervisor/Teacher Name (Please Print) _____

Supervisor Email Address _____ Phone # _____

Admission/Registration Form

SECTION D COURSE(S) ➤ STUDENTS ARE LIMITED TO 2 ACTIVE REGISTRATIONS AT ONE TIME

COURSE NAME (Students have 12 months from date of registration to complete a course)	SUBJECT CODE	FEE
		N/C
		N/C

- Refer to the 2011 - 2012 Course Guide for ISO or www.edu.gov.mb.ca/k12/dl for course descriptions.
- Students who qualify for a course fee exemption may enroll in up to two courses at a time.
- Under this exemption students can attempt each course one time. Any subsequent reregistration or reenrollment will be subject to regular fees.

SECTION E MISCELLANEOUS FEES NOT COVERED UNDER EXEMPTION (GST APPLICABLE) ➤ FOR CURRENT STUDENT ONLY

ITEM NAME	FEE
<input type="checkbox"/> Exam Rewrite	50.00
<input type="checkbox"/> Reregistration (6 months)	60.00
<input type="checkbox"/> Replacement Material	50.00

Note! • Textbook titles followed by MTBB must be ordered from the Manitoba Text Book Bureau (866-771-6822).

SUBTOTAL	
5% GST	

Amount Owing

Total Section E

SECTION F SUPPLIES NOT COVERED UNDER EXEMPTION (AUDIOS/VIDEOS) (GST AND PST APPLICABLE) ➤ SOME COURSES MAY REQUIRE SUPPLIES

CODE	FEE	CODE	FEE	CODE	FEE
<input type="checkbox"/> eg CD-1234	5.50				

Note! • Supplies are Non-Refundable.
• Make cheques/money orders payable to the **Minister of Finance**. Do not send cash in the mail.

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 _____

N/C
Total Section D

Grand Total