



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

**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).

**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) MAXIMUM OF 2 COURSES

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

- Refer to the 2009 - 2010 Course Guide for ISO or [www.edu.gov.mb.ca/k12/dl](http://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 ARE NOT COVERED UNDER THIS EXEMPTION (GST APPLICABLE)

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).

<b>SUBTOTAL</b>	
<b>5% GST</b>	

Amount Owing

Total Section E

## SECTION F SUPPLIES ARE NOT COVERED UNDER THIS EXEMPTION (AUDIOS, VIDEOS, SLIDES, VIEWERS) (GST AND PST APPLICABLE)

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.

<b>SUBTOTAL</b>	
<b>5% GST</b>	
<b>7% PST</b>	

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