

MEDICAL EXEMPTION

UNDER AGE OF 16 (NOT ATTENDING SCHOOL)

This application process is to be completed each school year.

- Students inability to attend school must be verified in writing by a doctor (please attach a letter from your doctor with this application).
- Register with the home schooling office.
- 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 (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 SCHOOL INFORMATION

LAST SCHOOL ATTENDED	SCHOOL ADDRESS
ANTICIPATED RETURN DATE TO SCHOOL 20__ / __ / __ (YYYY/MM/DD)	SCHOOL NAME (IF DIFFERENT FROM LAST SCHOOL ATTENDED)

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) 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 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.

Admission/Registration Form

SECTION E MISCELLANEOUS FEES ARE NOT COVERED UNDER THIS EXEMPTION (GST APPLICABLE)

ITEM NAME	FEE
<input type="checkbox"/> Exam Rescheduling	50.00
<input type="checkbox"/> Exam Rewrite	50.00
<input type="checkbox"/> Reregistration (6 months)	60.00
<input type="checkbox"/> Replacement Material	50.00
SUBTOTAL	
5% GST	

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

Amount Owning
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				
SUBTOTAL					
5% GST					
7% PST					

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

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