



# Admission/Registration Form

for Independent Study Option Students (ISO)

July 1, 2011 - June 30, 2012

## 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

## MEDICAL EXEMPTION

GRADES 1—8

UNDER AGE OF 18 (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 medical doctor (MD) with this application).
- Enrol with the homeschooling office.
- Parent/Guardian signature on all Manitoba Education Admission/Registration forms is required.
- Alberta Distance Learning Centre (ADLC) Registration Form. There are no returns or exchanges on ADLC courses.

PLEASE CONTACT THE DISTANCE LEARNING UNIT PRIOR TO REGISTERING A STUDENT WHO WILL REQUIRE ADAPTATIONS OR MODIFICATIONS.  
[\[www.edu.gov.mb.ca/k12/dl/iso/credits.html\]](http://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 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) > STUDENTS ARE LIMITED TO 2 ACTIVE REGISTRATIONS AT ONE TIME

Refer to [www.adlc.ca](http://www.adlc.ca) for Course Descriptions (print or online availability)

Grade _____ English Language Arts	<input type="checkbox"/> Print <input type="checkbox"/> Online	Grade _____ Science	<input type="checkbox"/> Print <input type="checkbox"/> Online
Grade _____ Mathematics	<input type="checkbox"/> Print <input type="checkbox"/> Online	Grade _____ Social Studies	<input type="checkbox"/> Print <input type="checkbox"/> Online

- Under this exemption students can attempt each course one time. Any subsequent reregistrations will be subject to regular fees.
- ADLC proof of course completion is required to be eligible for up to 2 additional courses.

# ALBERTA DISTANCE LEARNING CENTRE

## Registration Form

This form will be forwarded on your behalf to the  
Alberta Distance Learning Centre

For Office Use Only	
File Number _____	
Date _____	Input by _____
Receipt No. _____	Page _____ of _____

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<b>ADLC File Number</b> <small>(If previously enrolled)</small> _____	<b>Date of Birth</b> Day _____ Month _____ Year _____	<b>Sex (M/F)</b> _____	<b>Current Grade</b> _____
<b>Legal Name</b> (Name on Birth Certificate) Surname _____ First Name _____ Middle Name _____			
<b>Also Known As</b> (Name you would like to be called by, or married name) Surname _____ First Name _____			
<b>Address</b> Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province <u>Manitoba</u> Postal Code _____ Country <u>Canada</u>		<b>Contact Information</b> Parent Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ Parent E-mail Address _____ Student E-mail Address _____	
<b>Name of School</b> (if attending) or <b>Jurisdiction</b> <b>Manitoba Distance Learning Unit</b>			
Course code _____ Subject _____ Grade _____ Print <input type="checkbox"/> Online <input type="checkbox"/> Exams <input type="checkbox"/> Yes <input type="checkbox"/> No	Course code _____ Subject _____ Grade _____ Print <input type="checkbox"/> Online <input type="checkbox"/> Exams <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>For Office Use Only</b> _____ _____ _____ _____	
<ul style="list-style-type: none"> <li>• Students are limited to <b>two</b> active registrations.</li> <li>• Refer to <b>www.adlc.ca</b> for course descriptions, course codes, and additional information.</li> <li>• Under this exemption, students can attempt each course <b>one</b> time. Any subsequent re-registrations will be subject to regular fees.</li> <li>• ADLC proof of course completion is required to be eligible for up to <b>two</b> additional courses.</li> </ul>			
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 _____	

Manitoba Grades 1–8 Medical Exemption Registration Form

