



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

Admission/Registration Form

for Independent Study Option Students (ISO)
July 1, 2011 – June 30, 2012

**RESIDENT ~ NOT ATTENDING
A GRADE 9—12 SCHOOL**

SECTION A STUDENT INFORMATION

STUDENT SURNAME		LEGAL FIRST NAME		MIDDLE NAME(S)	
DATE OF BIRTH (88!AAA!YYYY)	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"/> Mature Student Program (please attach transcript)		<input type="checkbox"/> Registered Home Schooling Student			
<input type="checkbox"/> Post-secondary Requirement		<input type="checkbox"/> Unknown			
WILL YOU REQUIRE DISTANCE LEARNING UNIT TO ISSUE					
<input type="checkbox"/> High School Diploma		<input type="checkbox"/> Letter of Enrollment (one copy will be provided)			
<input type="checkbox"/> Mature Student High School Diploma					

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 B STUDENT AND PARENT/GUARDIAN

To Be Completed By All Students

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 If student is under 18 years of age) _____

Parent/Guardian Signature (If student is under 18 years of age) _____ Date _____

Students over 18 years of age are to complete this portion in accordance with the Freedom of Information and Protection of Privacy Act.

I consent to my parent/guardian communicating with the ISO staff.

SECTION C COURSE(S) ➤ STUDENTS ARE LIMITED TO 2 ACTIVE REGISTRATIONS AT ONE TIME ½ CREDIT \$115 ~ 1 CREDIT \$135

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 2011 - 2012 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 D MISCELLANEOUS FEES (GST APPLICABLE) ➤ FOR CURRENT STUDENT ONLY

ITEM NAME	FEE
<input type="checkbox"/> Course Transfer	25.00
<input type="checkbox"/> Exam Rescheduling or Exam Rewrite (circle one)	50.00
<input type="checkbox"/> Replacement Material	50.00
<input type="checkbox"/> Reregistration (6 months)	60.00

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 D

SECTION E SUPPLIES (AUDIOS, VIDEOS, SLIDES, VIEWERS) (GST AND PST APPLICABLE) ➤ SOME COURSES MAY REQUIRE SUPPLIES

CODE	FEE	CODE	FEE	CODE	FEE

Note! • Supplies are Non-Refundable.

SUBTOTAL	
5% GST	
7% PST	

Total Section E

SECTION F CREDIT CARD

VISA MASTERCARD

Card # _____ Expiry Date _____

Cardholder Name (please print) _____

Signature _____ Phone # _____

SECTION G 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 C

Grand Total