



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

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

**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 (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					

**SECTION B STUDENT AND PARENT/GUARDIAN**

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.

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 (If student is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

**SECTION C COURSE(S)**

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"> <li>• Make Cheques/Money Orders payable to the <b>Minister of Finance</b>. Do not send cash in the mail.</li> <li>• Refunds must be applied for during the first 30 days of the student's registration.</li> <li>• A \$30 administration fee deducted if course returned unopened. A \$50 administration fee is deducted from refund if course returned opened and unmarked.</li> <li>• Costs for returning courses are at the purchaser's expense, ISO is not responsible for lost or damaged goods.</li> <li>• Refer to the 2009 - 2010 Course Guide for ISO or www.edu.gov.mb.ca/k12/dl for the complete Refund/Return Policy.</li> </ul>		<b>Total Course Fee</b>  <small>Please do not add GST or PST          Enter this Total Course Fee          amount on reverse of form.</small>

# Admission/Registration Form

## SECTION D MISCELLANEOUS FEES (GST APPLICABLE)

ITEM NAME	FEE
<input type="checkbox"/> Course Transfer	25.00
<input type="checkbox"/> Exam Rescheduling or Exam Rewrite ( <b>circle one</b> )	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)

CODE	FEE	CODE	FEE	CODE	FEE
eg CD-1234	5.50				

**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