Manitoba
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

CONFIDENTIAL

To be completed by school facilitator **ONLY**
(For school attending students)

CHANGE IN REGISTRATION INFORMATION

_____ _____ _____
Student's Legal Last Name First Name Middle Name(s)

Date of Birth: _____ _____ _____ MECY # _____
Year Month Day

Name of School: _____

- Please provide the student's registration information as required
- Fax or mail to the ISO office when completed with signature as required

❒ Student Medical Leave: from_____(yy/mm/dd) to_____ (yy/mm/dd)
❒ Student suspension: from _____(yy/mm/dd) to_____ (yy/mm/dd)
❒ Student withdrawn from school: Effective date _____ (yy/mm/dd) Reason:_____
❒ Student no longer attending: Effective date _____ (yy/mm/dd) Reason_____
❒ School attending. The new school is_____ as of _____ (yy/mm/dd)
❒ School attending. The old school was_____ as of _____ yy/mm/dd)
❒ Was Non-attending. The student's new school system as of _____ (yy/mm/dd)
❒ Graduated at and no longer attending_____ as of _____(yy/mm/dd)

Current School Facilitator: _____ Date: _____

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mail to 555 Main Street, Winkler, MB R6W 1C4

August 2009