

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

INDEPENDENT STUDY OPTION – NOTICE TO WITHDRAW FROM AN ISO COURSE

Please complete one form for each course that you are withdrawing from.
 Check one of the following options and complete the appropriate section as described below.
 Please fax or mail to the ISO office when completed.

- Attending School under the age of 18:** Please complete all parts of sections A, B and C
- Attending School over the age of 18:** Please complete Part A. The parent sections in Part B and C are optional due to the Freedom of Information and Protection of Privacy Act. The school facilitator section in Part B and C are required.
- Not Attending School:** Please complete Part A and provide student signature in Part C
- Registered Home Schooling Student under the age of 16:** Complete Part A, Parent/Guardian section of Part B and Part C
 Please be advised that the home schooling office will be notified of the course withdraw.

PART A

Student's Legal Last Name	First Name	Middle Initial
Address	City/Town	Postal Code
Date of Birth:	Year	Month
	Day	Student's MET # _____
		(To be provided by school facilitator for students attending school)
Course Title	Level/Grade	Name of Tutor/Marker

PART B

**To be completed by Parent
(Students Under the Age of 18)**

**To be completed by School Facilitator
(Students Attending School)**

Parent/Guardian Name: _____ Parent/Guardian Address: _____ Telephone Number: _____ City/Town: _____ Postal Code: _____		School Facilitator Name: _____ School Name: _____ Telephone Number: _____ City/Town: _____ Postal Code: _____
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PART C

Student Signature: (to be signed by all students)	Date: _____
Parent Signature: (students under 18 years of age)	Date: _____
School Facilitator: (for students attending school)	Date: _____