School-Initiated Course (SIC) Registration Form

Deadline Date: Prior to Start of SIC

Contact Information

Professional Staff Name: ____________________________ Position: ____________________________
School Division/Adult Learning Centre (ALC) Partner Name: ____________________________
School/ALC Name: ____________________________ School/ALC Code Number: ____________________________
Address: ____________________________________________________________
Telephone: ____________________________ Email: ____________________________ Fax: ____________________________

SIC Information

School-Initiated Course Title (please print): ____________________________________________________________
Start Date: ___________________________________________________________________________________
We agree to permit sharing of this SIC with other Schools/Divisions/ALCs
q Yes  q No
Is this SIC for students completing a Mature Student Diploma?  q Yes  q No

SIC Approval

Principal/ALC Director Name (please print): ____________________________ Date: ____________________________
Signature: ____________________________ Email: ____________________________
Superintendent or Designated Representative Name (please print): ____________________________ Date: ____________________________
Signature: ____________________________ Email: ____________________________

For the English Program and the Senior Years Technology Education Program, please return completed form by mail or fax to:
SIC Registration
Instruction, Curriculum and Assessment Branch
Manitoba Education
1567 Dublin Avenue
Winnipeg MB R3E 3J5
Telephone: 204-945-0254
Fax: 204-948-3668

For the Adult Learning Centres, please return completed form by mail or fax to:
SIC Registration
Adult Learning and Literacy Branch
Manitoba Advanced Education and Literacy
350–800 Portage Avenue
Winnipeg MB R3G 0N4
Fax: 204-948-1008

For the Français Program and the French Immersion Program, please return completed form by mail or fax to:
SIC Registration
Curriculum Development and Implementation Branch
Bureau de l’éducation française Division
Manitoba Education
509–1181 Portage Avenue
Winnipeg MB R3G 0T3
Fax: 204-945-1625

FOR OFFICE USE ONLY

Comments: ____________________________ Course Outline Attached  q
Registered (signature): ____________________________
Student Records Notified: ____________________________

VALID FOR CURRENT YEAR ONLY
SIC Registration Number: ____________________________