Alternate Formats Collection

Registration Form

204-1181 Portage Avenue
Winnipeg MB R3G 0T3
Tel.: 204-945-7722
Fax: 204-948-3229
Email : isbafc@gov.mb.ca
Website: https://www.edu.gov.mb.ca/k12/afs/

Manitoba
Education and Early Childhood Learning

Please return completed form to:
isbafc@gov.mb.ca or 204-948-3229 (fax)

STUDENT INFORMATION

_____
Student Name

☐Student is braille user

_____
Grade

_____ _____
School School Division

Please check reason(s) for request:

__ Blind / Visual impairment
__ Physical disability
__ Impairment relating to comprehension (learning disability)

_____
School Phone Number

_____
Teacher / Resource Teacher

_____
Teacher Email Address (Mandatory)

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I, _____, speaking as _____
Full Name Title (e.g Resource Teacher / Consultant)

with _____, certify that _____
Name of School / School Division Student's Full Name

requires alternate format resources and understand that:

1. **The materials provided through the Alternate Formats Collection are in accordance with the Canadian Copyright Act. Any use, reproduction, or distribution must comply with this act.**
2. **It is a breach of copyright law to share materials from the Alternate Formats Collection with students who do not have a perceptual disability.**

_____ _____
Signature Date
Resource Teacher / Consultant