

# FORT LA BOSSE S.D. # 41

## TITLE - SCHOOL-INITIATED COURSES STUDENT-INITIATED PROGRAMS\*

POLICY - IHBJ-E

Approval Date - 11/02/02

Cross Reference -

Resolution # - 51/02

Implementation - 11/02/02

Legal Reference -

School-initiated Course Registration Form	
School Division/District	_____
<b>School</b>	_____
Contact Name/Position	_____
School	_____
Address	_____
Telephone	_____ Fax _____
<b>SIC Information</b>	
Course Title	_____
Course Code (see <i>Subject Table Handbook</i> )	_____ Course Designation (see <i>Subject Table Handbook</i> ) _____
No. of Hours	_____ No. of Course Credits (1.0 or .5) _____
Commencement Date	_____ Planned Completion Date _____
Day Month Year	Day Month Year
<b>SIC Approval</b>	
Signature of Principal	_____ Date _____
Signature of School Division/ District Representative	_____ Date _____

TO BE COMPLETED BY MANITOBA EDUCATION AND TRAINING	
Date Received	_____ Date Correspondence Sent to School Division/District _____
Filed by	_____ Date Entered on Database _____
	Date Advised Professional Certification and Student Records _____

For the English Program and the Senior Years Technology Education Program, please return completed form by mail or fax to

SIC/SIP Registration  
Program Development Branch  
School Programs Division  
Manitoba Education and Training  
W220 - 1970 Nass Avenue  
Winnipeg MB R3J 0Y9  
Fax: 204-945-3042

For the Français Program and the French Immersion Program, please return completed form by mail or fax to

SIC/SIP Registration  
Curriculum Development and Implementation Branch  
Bureau de l'éducation française Division  
Manitoba Education and Training  
509 - 1181 Portage Avenue  
Winnipeg MB R3G 0T3  
Fax: 204-945-1625

(Additional documentation required. Please see over.)

### Student-initiated Project Registration Form

School Division/District \_\_\_\_\_

**School**

Staff Advisor (name and position) \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**SIP Information**

Project Title \_\_\_\_\_

Code (see *Subject Table Handbook*) \_\_\_\_\_ Designation (see *Subject Table Handbook*) \_\_\_\_\_

No. of Hours \_\_\_\_\_ No. of Course Credits (1.0 or .5) \_\_\_\_\_

Commencement Date \_\_\_\_\_ Planned Completion Date \_\_\_\_\_  
Day Month Year Day Month Year

**SIP Approval**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Division/  
District Representative \_\_\_\_\_ Date \_\_\_\_\_

#### TO BE COMPLETED BY MANITOBA EDUCATION AND TRAINING

Date Received \_\_\_\_\_ Date Correspondence Sent to

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