

Education and Advanced Learning Instruction, Curriculum and Assessment Branch Homeschooling Office Independent Education Unit 1567 Dublin Avenue, Winnipeg, Manitoba, Canada R3E 3J5 T 204-945-8138 F 204-948-3870 Toll Free 1-800-282-8069 (ext. 8138) E homeschooling@gov.mb.ca www.edu.gov.mb.ca/k12

Grades 1-8 Students Homeschooling due to Medical Reasons

To Homeschooling Parent(s)/Guardian(s):

This package includes a Student Notification Form - MEDICAL Grades 1-8 and is to be submitted after consulting with your local school principal and the school/school division has evidence that the medical needs of this student are so severe the student is unable to attend school at this time, and the school/school division will not provide the financial and other resources to support the student working at home with Alberta Distance Learning Centre courses.

This is the process to homeschool in Manitoba due to School/School Division Declaration for medical reasons:

ST	ΈP	1:	

Notification Form

Complete the Student Notification Form - MEDICAL Grades 1-8 for each school-age child.

First Nations (FN) parent(s), whose children are band-funded, please contact your FN Education Director or an Education Officer at AANDC at 204-983-8544

Division Declaration High School Transcript

STEP 2: School/School Meet with the school Principal to discuss homeschooling due to medical reasons and obtain school/school division authorization signatures on the Student Notification Form - MEDICAL Grade 1-8, if appropriate. This form must be completed each school year. (The school/school division is to provide declaration signatures for each year they are unable to provide services.) Request the most recent Grades 1-8 Report Card.

STEP 3: Medical Letter

Meet with your child's medical doctor (MD) to obtain written documentation that he/she is unable to attend school for medical reasons. The doctor is to provide a letter each school year on medical clinic letterhead. The information required in the medical letter is outlined on the Student Notification Form - MEDICAL Grades 1-8.

STEP 4:

Admission/Registration Form

Complete the Admission/Registration Form (see page 3). The Homeschooling Office will register your child with the Alberta Distance Learning Centre (ADLC).

STEP 5: Processing

Parent(s)/Guardian(s) forward the Student Notification Form(s), Medical Letter, Report Card and Admission/Registration Form to the Homeschooling office.

A Homeschooling liaison may contact parent(s)/guardian(s) to clarify information on the Homeschooling Student Notification Form - MEDICAL Grades 1-8, medical letter, report card and/or Admission/Registration Form.

STEP 6: Enrolling

The Homeschooling Office will forward two letters to the parent(s)/guardian(s).

- 1. Confirmation of enrolment as a Homeschooling family.
- Confirmation of registration in a distance learning course with the ADLC.

STEP 7: Reporting

Parent(s)/guardian(s) complete and submit a January and June Progress Report. The Homeschooling Office has the ability to electronically monitor student progress in the course throughout the school year.

If you have any questions about this process, please contact the Homeschooling Office.

Homeschooling Office



2015–16 Student Notification Form – MEDICAL Grades 1-8

as per The Public Schools Act, Part XIV, Section 260.1 (3)

For Office Use Only:	
■ New Family #	
Last enrolled:	

Parent Information	Student Information				
First and last name of parent(s)/guardian(s)	Surname Legal given names				
Mailing Address: Birth Date: / / /					
Street Address / Box No.	Gender:				
City / Town Postal Code	Grade Level in 2015/16 School Year:				
Phone Number(s):	MET#:				
Email (used to provide information to homeschooling families):	Present School:				
	Resident School Division:				
Section A: Homeschooling Requirements - Distance Learning Medical Letter - Students inability to attend school must be verified in writing by a doctor. Please attach a letter from your medical doctor (MD) with this application. The letter is to be provided each school year on medical clinic letterhead that includes the following: • reason why student is unable to attend school and recommendation for homeschooling • anticipated date that the student will be returning to school Admission/Registration Form – Medical Exemption to be completed. (see page 3) School Report Card Section B: Parent/Guardian Signature Signature(s): (Please print document and sign)					
Section C: School/School Division Declaration					
This acknowledges the school/school division has evidence that the medical needs of this student are so severe the student is unable to attend school at this time, and the school/school division will not provide the financial and other resources to support the student working at home with Alberta Distance Learning Centre courses.					
Principal: (Print name)	ignature: Date:				
Student Services Administrator: Signature: Date: Date:					

Please return this form, Medical Letter, Report Card and ADLC Registration Form to:

Manitoba Education and Advanced Learning Homeschooling Office 1567 Dublin Avenue

Winnipeg MB R3E 3J5 Email: homeschooling@gov.mb.ca Fax: 204-948-3870



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MEDICAL EXEMPTION GRADES 1 - 8

September 1, 2015 - August 31, 2016

NOT ATTENDING SCHOOL

SECTION A STUDENT INFORMATI	ON
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SECTION A STUDENT INF	ORMATION							
LEGAL LAST NAME	LEGAL FIRST NAME				MIDDL	E NAME(S)		
ALSO KNOWN AS (NICKNAME)	DATE OF BIRTH (DD/MM/YYYY)	MAILING ADDRESS						
CITY/TOWN	PROVINCE	POSTAL CODE		PRIMARY PHONE ()		ALTER	NATE PHONE	
EMAIL ADDRESS (Required)		•		GENDER MALE FEMALE				
SECTION B PARENT/GUA	RDIAN							
For the duration of this reg	jistration I consent to:							
☐ Homeschooling office st	aff communicating with ADLC	staff.						
I hereby certify that all stater student's registration.	ments made above are correc	t and complete, an	nd any misre	oresentation of this data	a may res	ult in th	ne withdrawal of th	е
Parent/Guardian Name (Plea	ase Print)							
Parent/Guardian Signature				Date				
SECTION C COURSE(S) -	STUDENTS ARE LIMITED TO 1 COU	RSE AT A TIME						
Refer to www.adlc.ca for course	descriptions (print or online availa	bility). There are no r	returns or excl	nanges on ADLC courses.				
Grade English Lang	uage Arts Print 0	Online	Grade	Science		Print	Online	
Grade Mathematics	Print .	Online	Grade	Social Studies		Print	Online	
	ents can attempt each course one pletion is required to be eligible for		•	ons will be subject to regul	ar fees.			
ment for the courses, and ensure stude educational stakeholders on a "need to Clauses 36(1)(a) and (b) of <i>The Freedok Administration Act</i> and to administer the	this form is necessary to process your a ent education records are accurately up know" basis. om of Information and Protection of Priv is distance learning program. If you ha g 1-800-282-8069 ext. 4324 or e-mail h	dated. Other uses and d acy Act authorize the colve any questions about the	llection of this pe	be for statistical reporting, for re	eporting purple	poses to g	government entities and ed under <i>The Education</i>	other
SECTION D OFFICE USE	ONLY (Do not write in this box)							
Medical Letter	Report Card	Studen	nt Notification Fo	rm - Medical				
Approved		Date		Date Ordered				



Student Information

January 2016 Homeschooling Progress Report as per *The Public Schools Act*, Part XIV, Section 260.1 (4)

Parent Information

First and last name of parent(s)/guardian(s) Name of main instructor (if different from above) Mailing Address: Street Address / Box No. City/Town Postal Code Phone Number(s): Email (used to provide information to homeschooling families): Please indicate satisfactory progress by placing a check mark (✔) in the space provided. Satisfactory Progress Subject Comments Language Arts: Mathematics: Mathematics: Science: Social Studies: Other: (e.g. physical education, music, religious studies)					
Mailing Address: Street Address / Box No. City/Town Postal Code Phone Number(s): Email (used to provide information to homeschooling families): Please indicate satisfactory progress by placing a check mark (✔) in the space provided. Satisfactory Progress Subject Comments Language Arts: Mathematics: Mathematics: Science: Social Studies: Other: (e.g. physical education,		First and last name of parent(s)/guardian(s)	Surname	Legal given names
Mailing Address: Street Address Box No.		Name of main instructor (if differ	rent from above)	Grade Level in 2015/1	6 School Year:
Street Address / Box No. City/Town	Mailing A	ddress:			
Phone Number(s): Email (used to provide information to homeschooling families): Please indicate satisfactory progress by placing a check mark (✔) in the space provided. Satisfactory Progress Subject Comments Language Arts: Mathematics: Science: Social Studies: Other: (e.g. physical education,	-			MET #: (if known)	
Phone Number(s): Email (used to provide information to homeschooling families): Please indicate satisfactory progress by placing a check mark (✔) in the space provided. Satisfactory Progress Subject Comments Language Arts: Mathematics: Science: Social Studies: Other: (e.g. physical education,	Street Addre	ss / Box No.			
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Satisfactory Progress Subject Comments Language Arts: Mathematics: Science: Social Studies: (e.g. physical education,	Email (use	d to provide information to home	schooling families):		
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Language Arts: Mathematics: Science: Social Studies: (e.g. physical education,			Comments		
Science: Social Studies: Other: (e.g. physical education,	_				
Social Studies: Other: (e.g. physical education,		Mathematics:			
Other: (e.g. physical education,		Science:			
(e.g. physical education,		Social Studies:			
		Other:			
If additional space is needed, please add attachment(s).			If additional space is need	ded, please add attachment(s).	

Homeschooling Office 1567 Dublin Avenue Winnipeg MB R3E 3J5

Email: homeschooling@gov.mb.ca Tel: 204-945-8138 Toll Free: 1-800-282-8069 (ext. 8138) Fax: 204-948-3870



June 2016 Homeschooling Progress Report as per *The Public Schools Act*, Part XIV, Section 260.1 (4)

Parent Information		Student Information			
First and last name o	of parent(s)/guardian(s)	Surname	Legal given names		
Name of main instructo	or (if different from above)	Grade Level in 2015/1	16 School Year:		
Mailing Address:					
Street Address / Box No.		MET #: (if known)			
City/Town	Postal Code				
Phone Number(s):					
Email (used to provide information	n to homeschooling families):				
Mark (optional) Subject	Comments				
Language Arts:					
Mathematics:					
Science:					
Social Studies:					
Other: (e.g. physical educati					
music, religious studi	(20)	al space is needed, please add a	ttachment(s).		
www.edu.gov.mb.ca/k12/schools	neschooling Notification package s/ind/homeschool/notification.htm Iomeschooling Notification Packa	nl			
Please return all forms to:	Manitoba Education and Ad Homeschooling Office 1567 Dublin Avenue Winnipeg MB R3E 3J5	vanced Learning			

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