

Manitoba Education and Early Childhood Learning

## Application for American Sign Language (ASL) Special Language Credit Option

This form must be completed by **all** Senior Years students claiming special credit for languages.

## Deadline for application is February 7, 2025

Note:

Return to: Principal

Manitoba School for the Deaf

242 Stradford Stree Winnipeg MB R2Y 2 Phone: 204-945-89 Email: srabu@msd.	2C9 34		to your digital device, complete it using Adobe Acrobat, and submit it by email.
Part 1: To Be Completed by the			
Full Name of Applicant	(Surname)		(Given Name)
Address			
Postal Code	I	Home Phone Numb	per ()
Date of Birth(Date			Present Grade
(D. School Attended This Year			
Address of School			
			ber ()
Name of Principal			
School Division	[	Division Phone Nun	nber ()
Sign language level for which c	redit is requested		
ASL 12G ASL 22G	ASL 32S	ASL 42S	
Additional Comments or Informa	ation		
(Signature of Applica	nt)		(Date)

## Part 2: To Be Completed by the School

This is to certify that the applicant is a student presently enrolled in this school. Their application for special credit is hereby approved.						
School						
(Teacher's/0	Counsellor's Signatu	re)				
(Principa	l's Signature)		(Date)			
Forward marks to:	Principal	Resource Teacher	Guidance Counsellor			
Mailing Address			Postal Code			