

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

Return to:	Principal Manitoba School for th 242 Stradford Street Winnipeg MB R2Y 2C9 Phone: 204-945-8934 Email: <u>srabu@msd.ca</u>			Note: Download and save the form to your digital device, complete it using Adobe Acrobat, and submit it by email.			
Part 1: To	Be Completed by the	Student					
Full Name	of Applicant						
		(Surname)		(Given Name)			
Address							
Postal Cod	e		Home Phone Numb	er ()			
Date of Bir	Date of Birth Present Grade						
(Day / Month / Year) School Attended This Year							
Address of	School						
			School Phone Number ()				
Name of P	incipal						
School Div	sion		Division Phone Nun	nber ()			
Sign language level for which credit is requested							
ASL 12	G ASL 22G	ASL 32S	ASL 42S				

Additional Comments or Information

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/C	Counsellor's Signatu	re)		
(Principal	's Signature)		(Date)	
Forward marks to:	Principal	Resource Teacher	Guidance Counsellor	
Mailing Address			Postal Code	
Email				