



File IFB-E4

School-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) _____ Destination (see Subject Table Handbook) _____

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

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 Curriculum
School Programs Division
Manitoba Education
W220 B 1970 Ness Avenue