



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  
Winnipeg, MB R3J 0Y9  
Fax: 204-945-3042