



SEVEN OAKS
SCHOOL DIVISION
community begins here

SEVEN OAKS SCHOOL DIVISION Special Language Credit Examinations Spring 2021 Application

(Only students registered in Grade 9 to Grade 12 programs are eligible)

DATES: **Saturday, April 10 @ 9:00 a.m.** - ALL LANGUAGES
Saturday, April 17 @ 9:00 a.m. & 1:00 p.m. - Filipino & Punjabi Exams (Part 1 & 2)

EXAM LOCATION: Maples Collegiate, 1330 Jefferson Avenue

SUBMIT APPLICATION BY FEBRUARY 26, 2021

Student Name: _____ **Date of Birth:** _____

School Name: _____ **Grade:** _____ **MET#** _____

Home Address: _____ **Postal Code** _____

Phone Number: _____ **Email Address:** _____

FEES: Please pay by cash or make cheques payable to **Seven Oaks School Division**. Payment must be submitted with the application. Any cancellations must be received in writing by February 26, 2021 in order to qualify for a refund.

Please Note: Student Registration Fee is \$25.00

Student must be attending a school in Seven Oaks School Division in the 2020-2021 school year.
Return application to your home school.

MB Education Guidelines can be found on our website www.7oaks.org/Programs/SpecialLanguageCreditExams

CHECK ONLY ONE LANGUAGE AND LEVEL BELOW (Seven Oaks School Division reserves the right to cancel an exam.)

Curriculum Based Languages

LEVEL: 10G 20G 30S 40S

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Chinese (Mandarin) | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Latin |
| <input type="checkbox"/> German | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Icelandic | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Ukrainian |

Non-Curriculum Based Languages

LEVEL: 11G 21G 31G 41G

Indicate one Language other than those listed above: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY: Method of Payment (please circle) CASH VISA/MCARD CHEQUE

Amount Received: _____ Date: _____ Staff Member's Signature/Initial _____