# Special Needs Categorical Funding
# Levels 2 & 3
# TRANSFER NOTIFICATION FORM

To be completed by **Receiving** School Division
and submitted with Divisional Summary in October, January, or June

Name: _____

D.O.B.: *Year:* _____ *Month:* _____ *Day:* _____

Student MET Number : _____

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Sending School Division: _____

School: _____

Funding: _____
Category Level Date funding expires

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Receiving School Division: _____

School: _____

Date of Enrolment: _____

Student Start Date: _____

Student Services Administrator's Signature: _____

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Questions? Call the Funding Review Team at (204) 945-6064

September, 2010
Manitoba Education