

MET# REQUEST FORM

SCHOOL NAME: _____

FAX NO.: _____

SCHOOL NUMBER: _____

TEL NO.: _____

DIVISION/DISTRICT NAME: _____

If the student was previously registered with a funded Manitoba school on September 30th, please contact that school first to obtain a MET #.
 Please **PRINT** all information for each student requiring a MET#.

Fax this form to Student Records. A form will be faxed back to the Division/District/School with the MET #.

The student's **COMPLETE LEGAL NAME** must be submitted.

*This form is **not** to be used for registration of Kindergarten students unless it is required for a special circumstance such as Level II or III funding. Please indicate.

SURNAME	COMPLETE LEGAL GIVEN NAME(S)	PREVIOUS NAME (if applicable)	DATE OF BIRTH dd/mm/yyyy	GENDER M/F	GRADE	IF REQUIRED FOR SPECIAL CIRCUMSTANCES (explain)

Return to: **Student Records Unit**
Fax: (204) 773-2411
Tel: (204) 773-2998 or 1-800-667- 2378 (ext. 227, 230 or 239)