MET# REQUEST FORM

Manitoba

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 #. 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.

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

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