

**MET NUMBER REQUEST FORM**

**SCHOOL NAME:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_

**SCHOOL CODE:** \_\_\_\_\_ **TEL NO.:** \_\_\_\_\_

**DIVISION/DISTRICT NAME:** \_\_\_\_\_

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

**FAX** this form to Education Administration Services. A form will be faxed back to the Division/District/School with the MET number.

This 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 Level 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: **Education Administration Services**  
**Fax: 204 948-2154**      **Tel: 204 945-0201 or 1-833-227-1375**