## SCHEDULE E

## REQUEST FOR INSTRUCTION FROM LA DIVISION SCOLAIRE FRANCO-MANITOBAINE

CHILD			
Name			
Date of Birth			
Present Grade			
Present School		Address	
Requested Grade			
Requested School			
PARENTS			
Name			
Address			
Postal Code			
Telephone	Work	Home	
Name			
Address			
Postal Code			
Telephone	Work	Home	
Please tick the stat	tements which apply to <b>y</b>	7 <b>0</b> u.	
1) My first	language learned and stil	l understood is French	
	0 0	of Manitoba who has received at least four years of prima	rv
	instruction in a francopho		. 3
	-	of Manitoba and one of my children	is
		than four years of instruction in a francophone program	

- receiving or has received not less than four years of instruction in a francophone program in Canada.
- 4) I am the spouse or common-law partner of a person who meets the criteria set out in 1) or 2).

## Please provide the following information if one of the parents meets criteria 2) or 3).

Name of school attended	
Date of attendance	
Address of school	

I request that la Division scolaire franco-manitobaine provide my child named above with public instruction in the French language. I declare that the information I provided on this form is true and exact and I am prepared to provide any further information the board of la Division scolaire franco-manitobaine requests to establish that my child is entitled to attend a program provided by the board.

M.R. 53/2004