



Evening Course Application Form

APPLICANT INFORMATION

Last Name	First Name	Middle Name
Date of Birth	Current Grade	Home School
Street Address	City	Postal Code
Home Telephone	Student Cell Phone	Student E-mail

COURSE INFORMATION

Course Name	Course Code	
Course Type (Please check)	<input type="checkbox"/> New Credit <input type="checkbox"/> Upgrade	
Pre-requisite Course Name	Course Code	Grade received

FOR OFFICE USE ONLY

Course Start Date	Course End Date
Proof of Pre-requisite Received? (Check if received)	<input type="checkbox"/> OST or <input type="checkbox"/> Report card

Please return to Freemont Academy, 160 Eglinton Ave.E. , Suite #600, M4P 3B5 or fax to (416) 385-2909



Evening Course Application Form

PARENT/GUARDIAN INFORMATION

Last Name	First Name	Middle Name
-----------	------------	-------------

Address (If different from student on page 1 of application)

Work Telephone	Cellular/Pager Number
----------------	-----------------------

E-mail Address

ALTERNATIVE CONTACT

Last Name	First Name	Middle Name
-----------	------------	-------------

Home Phone	Work Telephone	Cellular/Pager
------------	----------------	----------------

Relation to student

PARENT/GUARDIAN SIGNATURE

Signature (If student is under 18 years of age)	Date
---	------

Please return to Freemont Academy, 160 Eglinton Ave.E. , Suite #600, M4P 3B5 or fax to (416) 385-2909