





# Summer Course Application Form

## PARENT/GUARDIAN INFORMATION

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Last Name	First Name	Middle Name
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Address (If different from student on page 1 of application)

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Work Telephone	Cellular/Pager Number
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E-mail Address

## ALTERNATIVE CONTACT

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Last Name	First Name	Middle Name
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Home Phone	Work Telephone	Cellular/Pager
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Relation to student

## PARENT/GUARDIAN SIGNATURE

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Signature (If student is under 18 years of age)	Date
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Please return to Freemont Academy, 160 Eglinton Ave.E. , Suite #600, M4P 3B5 or fax to (416) 385-2909