



Prerequisite Waiver Application

Student Information

* First Name:	*Last Name:
* Birthdate(mm/dd/yyyy):	*OEN/ ID:
* Email:	*Phone:
* Last High School:	

Home Address:

Request for Waiving of Prerequisite

Which course(s) do you wish to register for?

Reason for request: provide any other information related to your educational background and experiences:

Supporting Documentation:

Signature: _____ Date _____

Please Provide the following

- 1) **Identification:** ONE copy of government issued photo ID (ex. Passport, Driver's License.)
 - 2) **Documentation:** A copy of your high school transcript and/or summary of your high school courses.
- Note:**
- If you have completed **post-secondary education**, provide a copy of your courses and/or transcript.
 - If you were **homeschooled**, provide the details of any texts that were used, course outlines, and other applicable resources to show coverage of course concepts and assessments.
- 3) Please email this application with scanned supporting documents to **admin@torontoeschool.com**

Office Use Only

Approved by Principal:	Date :
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