



Summer E-Academy 2017
Declaration of Prerequisite

Date: _____

Student Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Date of Birth: _____

OEN Student#: _____ (Required for the registration database)

Course name and code: _____

This is to confirm that the student named on this registration form will have successfully completed the prerequisite for this course by June 30, 2017 and that the student's attendance and discipline records are in good standing. Please e-mail or fax the complete form to the following:

E-mail: eacademy@hsc.on.ca

Fax: 905-389-6366 Attn: Carol Mulvey

Parent/Guardian Name: _____

Signature: _____

Guidance Counsellor or Principal: _____

Signature: _____

Name of School: _____