Toronto eLearning School

Prerequisite Waiver Form

| Request to Waive a Prerequisite, or Substitute a Course, or Grant an Equivalency Credit. | |
|--|--------------------|
| Student Last Name | Student First Name |
| OEN / Student Number | Student Signature |
| Parent Last Name | Parent First Name |
| Parent Signature | Date |
| I / We ask the Principal of Toronto eLearning School to: | |
| Waive the Prerequisite for the course | |
| Substitute the course for the course | |
| Grant equivalency credits for the following course | |

Reasons for Request: (attach note if more space needed).