



Name and address of school last attended

OEN: _____

Date: _____

To Whom It May Concern:

Please be advised that we have enrolled our son/daughter, _____, in the Academic Program at Great Lakes Christian High School.

By this letter, we are giving consent, and we request to have his/her Ontario Student Record transferred to Great Lakes Christian High School at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

Parent's Name (Please Print)

Parent's Signature

Home Address and Phone Number

Please return to the Admissions Office of Great Lakes Christian High School

by one of the following:

Email: study@glchs.ca

FAX: 905-563-0818

Mail: 4875 King Street, Beamsville, Ontario, Canada L0R 1B6