

Student Name: \_\_\_\_\_

**Crestwood Preparatory College** 

Grade: \_\_\_\_\_

Grades 7 to 12 217 Brookbanks Drive Toronto, Ontario, M3A 2T7 Tel: 416.391.1441

www.crestwood.on.ca

Fax: 416.444.0949

## **Request for Course Selection Changes (2020-2021)**

If you wish to change your course selection(s) for 2020-2021, please complete the boxes below and return to Guidance. Please discuss these changes with your parent(s) or guardian(s) and have them sign below.			
If you have any concerns at your choice(s) with a Guida		uirements or po	st-secondary pathways, please discuss
<ul><li>Ms. Somerville, Gu</li><li>Mr. Mitz, Guidance</li></ul>	of Guidance ( <u>kathryn.decata@c</u> idance Counsellor ( <u>christine.sc</u> Counsellor ( <u>jeff.mitz@crestwo</u>	merville@crestw od.on.ca   ext. 43	vood.on.ca   ext. 4345)
	se Code and Title		DD: Course Code and Title
Parent/Guardian Commen	ts:		
Counsellor Comments:			
Parent Name: Signatu		ure: X	Date:
Student Name: Signatu		ure: X	Date:
	For Office	Use Only	
Date:	Entered "NONA Trevlac? (Y / N)	CTIVE' in	Name of Counsellor:
	<u>.</u>		