



Freemont Academy

Course Selection Form 2007 - 2008

Student: _____

Day School

Semester 1

Semester 1	
Day 1 a.m.	Day 2 a.m.
Option 1:	Option 1:
Option 2:	Option 2:
Option 3:	Option 3:
Request:	Request:
Day 1 p.m.	Day 2 p.m.
Option 1:	Option 1:
Option 2:	Option 2:
Option 3:	Option 3:
Request:	Request:

Semester 2

Semester 2	
Day 1 a.m.	Day 2 a.m.
Option 1:	Option 1:
Option 2:	Option 2:
Option 3:	Option 3:
Request:	Request:
Day 1 p.m.	Day 2 p.m.
Option 1:	Option 1:
Option 2:	Option 2:
Option 3:	Option 3:
Request:	Request:

Night School

Option 1:
Option 2:
Requested days and times:

Please return completed request form to Freemont's office either in person or by fax: 416-385-2909

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