



**Course Selection Form**

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

Day School		
Semester 1		Day 2
Semester 1	Day 1	Day 2
	AM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____	AM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____
Semester 2	Day 1	Day 2
	AM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____	AM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____
Semester 2	PM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____	
	PM: Option 1: _____ Option 2: _____ Option 3: _____ 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

160 Eglinton Ave. East, suite 600, Toronto, ON M4P 3B5