

ECSS: SUMMER SCHOOL COURSE SUBSTITUTION FORM

Instructions:

1. Please complete this form if your course selection for September includes a course that you have also registered to take at Summer School.
2. Submit the completed, signed copy and return it by email to your alpha counsellor or place it in the dropbox located inside the Guidance and Career Education Office (room 129). Please note that this must be completed **NO LATER THAN APRIL 27th** for the changes to be included in the scheduling for next school year.

A-C	Mr. Rybak	brian.rybak@yrdsb.ca
D-M	Ms Milani	rosanna.milani@yrdsb.ca
N-Z	Ms Finelli	fiorella.finelli@yrdsb.ca

Once this form is submitted, your counsellor will remove the course from your day school selections with the understanding that it will be successfully completed over the summer.

Students who are planning to take a grade 12 Summer School course:

It is your responsibility to review each post-secondary school's admission policy on courses taken outside of the day school program. You may wish to visit www.ontariouniversitiesinfo.ca or www.ontariocolleges.ca or call the Admissions Office of the institutions(s) where you are planning to apply.

The course/code that I have registered to take this summer: _____

Your counsellor will attempt to replace this course with one of the following:

First choice: Course Code _____ Course Name: _____

Second choice: Course Code _____ Course Name: _____

****If you are using one of your chosen Alternate courses to replace your Summer School course, please provide another course choice. Additionally, for students entering Grade 12, you may substitute your course with a Study Period.***

Course Code _____ Course Name: _____

Please note: If you do not take this course over the summer or are unsuccessful (fail), you will have to take it outside of the day program unless it can be added to your schedule in September.

Today's Date: _____

Student Name: _____ Student Signature: _____
PRINT NAME

Best Phone Number to reach you: _____

Parent/Guardian signature if the student is under the age of 18: _____

FOR OFFICE USE ONLY

I have made the circled changes to the student's timetable for September:

Counsellor Signature: _____ **Date:** _____