



Letter of Consent to Transfer OSR to:
Great Lakes Christian High School
4875 King St. Beamsville, ON L3J 2J1
P: 905-563-5374; academic@glchs.ca

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/Guardian Name (Please Print)

Parent/Guardian Signature

Home Address and Phone Number