



To be filed in OSR

SUBSTITUTION FOR COMPULSORY FORM

STUDENT INFORMATION

Surname _____ Given name(s) _____
OEN _____ Date of request _____

COMPULSORY COURSE BEING REPLACED

Code _____ Title _____

COURSE BE ADDED TO REPLACE COMPULSORY

Code _____ Title _____

RATIONALE FOR SUBSTITUTION

For School Use

- The substitution has been approved by the principal
- The course substitution conforms to the criteria from **Ontario Schools, Kindergarten to Grade 12: Policy and Program Requirements** section 6.2
- Ontario Transcript has been updated (where appropriate)
- This course substitution does not exceed the 3 substitutions permitted

Date _____ Parent/Guardian's Signature _____