



Prerequisite Waiver Application

**Indicates required field*

***Name:**

***Birthdate:**

***Email:**

***Phone:**

***Have you ever or are you currently attending an Ontario high school (excluding VHS)?**

***Have you graduated from High School?**

If yes, what year?

***Have you attended a post-secondary institution?**

If yes, which institution?

***Which VHS Course(s) do you wish to register for?**

Please provide the following:

1) *Identification: ONE copy of government issued ID (ex. passport, birth certificate, etc.).

2) *Documentation: A copy of your high school transcript and/or summary of your high school courses.

Note:

- If you have completed **post-secondary education**, provide a copy of your courses and/or transcript.
- If you were **homeschooled**, provide the details of any texts that were used, course outlines, and other applicable resources to show coverage of course concepts and assessments.

3) *Explanation: Provide any other information related to your educational background and experiences.

Please email this application along with all scanned supporting documents to your Guidance Coordinator.

If your last name begins with a letter from A-K, email Guidance1@VirtualHighSchool.com.

If your last name begins with a letter from L-Z, email Guidance2@VirtualHighSchool.com.

Alternatively, you can fax your application to the VHS office at **519-565-4100**.

You will be contacted by email once your documents have been reviewed by VHS Guidance.

OFFICE USE ONLY

Date Received

Date Registered

Content Released

Student Emailed

Observer

www.VirtualHighSchool.com