

Avon Maitland District e-Learning Centre



95 Frances Street East, RR#5
Mitchell, ON N0K 1N0
Phone: 519-348-4785
Fax: 1-519-348-8054



Course Add/ Drop Form

Please complete all areas of this form, writing neatly and legibly. Once form is complete, please fax to AMDEC at 519-348-8054, or scan completed form and e-mail to the AMDEC Guidance Office (guidance@amdec.ca).

Student Name: _____

Date: _____

Date of Birth (yyyy/mm/dd): _____

OEN: _____

Name of home school (holding your OSR): _____

Course(s) to **ADD**:

1. _____
2. _____
3. _____
4. _____

Course(s) to **REMOVE**:

1. _____
2. _____
3. _____
4. _____

Reasons for course change(s): _____

Please obtain **ALL** of the required signatures below. Your course change will only be processed when all relevant signatures are complete.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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Students under the age of 18 must have this section completed. I approve of the course change(s) indicated above

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Parent/Guardian Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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Signature of Principal (or designate) at enrolling school.

- If this timetable change includes a course addition, our school board/school will pay the fee per course (as identified by the Ministry of Education) to the Avon Maitland District School Board. The AMDSB will send an invoice to the student's enrolling school board.
- **I have reviewed the requested course change(s) with this student and approve of these timetable changes.**

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Principal (or Designate) Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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FOR AMDEC OFFICE USE ONLY	Date: _____
Comments:	_____
<input type="checkbox"/> Full Disclosure Applies	Reviewed By (Student Services)