

Reach Ahead Enrolment Request

According to Section 2.5.2.1, K to 12: Ontario Schools: Policy and Program Requirements, under exceptional circumstances, an individual student in Grade 8, with parental consent, may be given permission by the principal of a secondary school to "reach ahead" to take secondary school courses. The principal of the elementary school and the principal of the secondary school will decide, whether "reaching ahead" to take a secondary school course is in the best interest of the student.

The following documents are required:

- Completed Reach Ahead Enrolment Request (signed)
- Most recent school report card or evidence of homeschooling
- o Copy of government-issued ID (e.g. passport, birth certificate, etc.)
- o Copy of Individual Education Plan (if applicable)

*Please note: This request will not be review	ed until all documents are received.
First Name:	Last Name:
Birthdate (dd/mm/yyyy):	Current School Grade:
Course(s) of Interest:	
PARENT/LEGAL GUARDIAN CONSENT	
Parent/Legal Guardian Name:	
Parent/Legal Guardian Telephone Numb	per:
Parent/Legal Guardian Email Address: _	
Please explain why you feel the student	would be successful:
Laive the above named student permission to particip	ate in the Virtual High School Reach Ahead program. I acknowledge that
-	optional decision and I agree to waive all claims against Virtual High School and
	at might occur in connection with this program. While the Ontario Ministry of www.edu.gov.on.ca/eng/document/policy/os/onschools 2016e.pdf), I understand
that it is my responsibility as parent/guardian to check	with the principal of the high school which the student will attend in grade 9, to
	ad credit. I am aware that a grade 9 student attending public, private or separate timetable even upon completion of credit(s) in advance.
Parent/Legal Guardian Signature:	



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ELEMENTARY SCHOOL CONSENT	
Name of Current Elementary School:	
Address of Current Elementary School:	
Elementary School Principal Name:	
Elementary School Principal Email Address:	
Course(s) Recommended:	
Student Name: Principal Recommendation or Rationale:	
I recommend the above named student to Reach Ahead and complete the above-mentioned OSSD credit(s):	
Elementary School Principal Signature (Approval):	
Please send supporting documentation along with this completed form to Waivers@VirtualHighSchool.com	
APPROVAL – OFFICE USE ONLY *Please note a confirmation email will be sent to the student, parent and elementary school principal upon approval. Virtual High School Principal Signature (Approval):	
Staff Initials: Date:	