



**Letter of Consent to Transfer OSR to  
Great Lakes Christian High School  
4875 King St. Beamsville, ON L0R 1B6  
P: 905-563-5374 F: 905-563-0818**

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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

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Home Address and Phone Number