



HEADWAY SCHOOL

• P1: 780.466.7733; • P2: 780.757.3456; • F: 780.485.0507
• A: 10435-76 St., Edmonton, Alberta, Canada, T6A3B1
• W: www.headwayschool.com → E: headman@telus.net



[This form is handed to the teacher and then the teacher forwards it to Mr. Sidhu.]

Student Name: _____ Date Of Birth: _____

Dear Mr. Sidhu,

Please register me for the following course diplomas as recommended by my teacher.

Teachers will check a box and give an explanation for decision or conditions that have been set.

| Subject | Yes | No | Cond |
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Explanation: ! :)

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Teacher: _____ Signature: _____ Date: _____

Principal: _____ Signature: _____ Date: _____

Secretary: _____ Signature: _____ Date: _____