

NEWCOMER PROFILE

ADAPTED FOR INTERNATIONAL (VISA) STUDENTS
ALL SECTIONS MUST BE COMPLETED

TDSB SCHOOL INFORMATION (For office use only)

Name of School:	Grade:	Starting Date:
Principal / Counsellor in charge:		School Tel. # : Fax # :

STUDENT INFORMATION

Family Name:	Given Name:	Preferred Name:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: (dd/mm/yy)
Country of Birth:	First Language:	Other Languages:		Email:
Date of Arrival: (dd/mm/yy) Canada	Date of Arrival: (dd/mm/yy) Ontario	Tel. # in Toronto:		Cell #:
Home Address in Toronto: (Address, City, Province, Postal Code)				
Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Custodian <input type="checkbox"/> Homestay <input type="checkbox"/> Others: (Please specify) _____				
Study Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Expiry Date(dd/mm/yy): _____		If No, Please specify: _____

PARENT INFORMATION

Father / Mother: (Last Name, First Name)			
Home Country Address: (Address, City, Province, Country, Postal Code)			
Home Tel. #:	Business Tel. #:	Cell #:	Email:

CUSTODIAN INFORMATION

Name: (Last Name, First Name)	Gender: <input type="checkbox"/> F <input type="checkbox"/> M		
Home Address in Toronto: (Address, City, Province, Postal Code)			
Home Tel. #:	Business Tel. #:	Cell #:	Email:

HOMESTAY INFORMATION

EMERGENCY CONTACT (must be complete for students over 18)

1. Name: (Last Name, First Name)		1. Name: (Last Name, First Name)	
Toronto Address: (Address, City, Province, Postal Code)		Toronto Address: (Address, City, Province, Postal Code)	
Home Tel. #:	Cell #:	Home Tel. #:	Cell #:
Business Tel. #:	Email:	Business Tel. #:	Email:

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ESL Results:		Comments
Math Results:		

TURN OVER

HEALTH AND MEDICAL INFORMATIONAllergies: No Yes Specify:Is the student on any medication? No Yes Specify:

Additional health information:

EDUCATIONAL BACKGROUND

Level/Type of School	Country	Dates Attended	Grade/Form Last Attended	Language(s) of Instruction
Elementary (if applicable)				
Middle/Junior High School				
Senior High School				
Private School (in Canada)				

GOALS AND DIRECTIONS

Subjects I like:

Subjects I do not like:

Volunteer Experience:

Goals after High School:

 graduate high school college/university

What do you want to study at college/university? _____

 return home other _____

Student/Custodian Signature: _____

Date Completed: _____
(dd/mm/yy)