

International Student Profile Form

Office Use Only:

TISP#: _____

Assigned School : _____

School Use Only:

Registration Date: ____ / ____ / ____

Admit Date: ____ / ____ / ____

Student information:

Legal Last Name: _____ Legal First Name: _____ Preferred First Name: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female Not Disclosed Siblings: does this student have any brother(s) or sister(s) in this school? Yes No

Student Address (In Toronto)

Street Address: _____ Student's Cell Phone No. _____
Custodian's Cell Phone No: _____ Student's E-Mail (Personal) _____
(Or Parent if living with student)

Student Language, Citizenship and Immigration Information

Student's Country of Birth: _____
Arrival Date in Canada: ____ / ____ / ____ Documents Checked by ISAO (attested) DO not enter in Power School
Arrival Date in Ontario: ____ / ____ / ____ Passport Yes No Expiry: ____ / ____ / ____
Study Permit Yes No Expiry: ____ / ____ / ____
First Language of Student: _____ Language Spoken at Home in Toronto: _____

Education

Have you ever previously attended school at TDSB:

Yes. Please tell us the name of the **school** and your **OEN #**:

School Name: _____

OEN#: _____

No

Have you ever previously attended school in Ontario:

Yes. Please tell us the name of the **school** and your **OEN #**:

School Name: _____

No

Contact Information of Custodian or Parents in Toronto

Custodian

Relationship: IRCC Custodian

Mr./Mrs./Ms (Circle One)

Last Name: _____

First Name: _____

Cell Phone # _____

Home Phone # _____

Business # _____

(Please indicate in the box above, which phone number the attendance auto dialer should use, home phone or the cell phone)

Address: _____

Postal code: _____

E-mail Address: _____

Custody

Living With

Legal Guardian

School Pickup

Emergency Contact

Access to Records

Speaks English

Mother/Father

(Only complete, if the parent is staying in Toronto for the student's full duration)

(If mother/father will reside in home country leave blank)

Mr./Mrs./Ms (Circle One)

Last Name: _____

First Name: _____

Cell Phone # _____

Home Phone # _____

Business # _____

(Please indicate in the box above, which phone number the attendance auto dialer should use, home phone or the cell phone)

Address: _____ Postal code: _____ E-mail Address: _____

Custody Living With Legal Guardian School Pickup Emergency Contact Access to Records Speaks English

Emergency Contact Information (Mandatory if different from above "contact information" section)

Homestay person's information should be entered here if NOT living with custodian or parent

#1:

Mr./Mrs./Ms (Circle One) Last Name: _____ First Name: _____

Cell Phone # _____ Home Phone # _____ Email Address # _____

Living With School Pickup Speaks English

Medical Information

Private Insured Health Card #: _____ ISAO will enter this information.

Medical conditions: Epi Pen Allerject Life Threatening

If your child has any medical needs or conditions of which the TDSB and school should be aware, please describe the condition(s) below:

International Students and Admissions Office ONLY

Information for parent's **domestic** information

#1:

Mr./Mrs./Ms (Circle One) Last Name: _____ First Name: _____

Address in home country: _____

Cell Phone # _____ Home Phone # _____ Email: _____

#2:

Mr./Mrs./Ms (Circle One) Last Name: _____ First Name: _____

Address: _____

Cell Phone # _____ Home Phone # _____ Email: _____

All Information provided is correct and true. All admissions are conditional pending receipt of required documentation.

Signature of Parent/Custodian in Toronto: _____

Date: ____ / ____ / ____