



International Students and Admissions Office
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 Telephone: (416) 395-8120
 E-mail: studytoronto@tdsb.on.ca

DEFERRAL REQUEST

DATE: _____

FOR OFFICE USE ONLY (dd/mm/yyyy)
Date Received:
Date Processed:
Processed By:

STUDENT NAME: _____
Last Name
First Name

DATE OF BIRTH: _____ TISP # _____
(dd/mm/yyyy)

ASSIGNED SCHOOL: _____

START DATE *(mm/yyyy)*: _____

DEFER TO DATE *(mm/yyyy)*: _____
****A deferral may result in a change of school.*

REASON FOR DEFERRAL: _____

PARENT'S NAME AND SIGNATURE: _____
*Print and Sign***Signature required for processing.*

PROCESSING AGENT & COMPANY NAME: _____

1. *A deferral may result in a change of school.*
2. *Supporting documents are required for all deferrals in the form of an immigration refusal, medical, or a parental letter outlining personal reason.*
3. *Upon approval you will receive a new Official Letter of Acceptance to reflect the new start date with a new assigned school name (if applicable). This will be sent to the agent or to sender upon request. Please indicate: _____*

The Toronto District School Board reserves the right to determine final school and grade placement.