Toronto District School Board

INTERNATIONAL STUDENT PROFILE FORM

(PLEASE PRINT)

Reporting Date: _____ (YYYY/MM/DD)

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Preferred First Name:	
Date of Birth (YYYY/MM/DD):	Gender:	Siblings: Does this student have any brother(s) or sister(s) in this school? ☐ YES ☐ NO	
Student Address in Toronto:		Student Toronto Phone Number:	
Toronto Custodian/Parent Phone Number:	Student Personal E-Mail:	Arrival Date in Canada (YYYY/MM/DD):	Arrival Date in Ontario (YYYY/MM/DD):
Country of Birth:	Country of Citizenship:	First Language:	Language Spoken at Home:

Has the student ever attended school at TDSB:
☐ No
☐ Yes - School Name:
- OEN# (9-digit):

Has the student ever attended a non-TDSB school in Ontario:
☐ No
☐ Yes - School Name:
- OEN# (9-digit):

Documents Checked by ISAO (attested) - Do NOT enter in PowerSchool

Passport	Expiry:	Study Permit	Expiry:

INFORMATION OF CAREGIVING ADULT IN TORONTO

Relationship: ☐ Custodian ☐ Mother ☐ Father

☐ Speaks English ☐ Living with Student

Last Name:	First Name:	E-Mail:
Cellphone Number:	Home Phone Number:	Business Phone Number:

Address in Toronto:

HOMESTAY INFORMATION

☐ Speaks English ☐ Living with Student

Last Name:	First Name:	
Phone Number: ☐ Cell Phone ☐ Home Phone ☐ Business Phone		Email:

Address in Toronto:

EMERGENCY CONTACT INFORMATION

☐ Speaks English ☐ Living with Student

Last Name:	First Name:	
Phone Number: ☐ Cell Phone ☐ Home Phone ☐ Business Phone		Email:

Address in Toronto:

MEDICAL INFORMATION

Insurance Card Number:

Medical Condition: ☐ 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:

CONFIRMATION AND SIGNATURE

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

Signature of Parent/Custodian: **Date:**