



NEWCOMER PROFILE

International Fee Paying Students

TDSB SCHOOL INFORMATION

Name of School	Grade	Starting Date
School Address	Phone No	Fax No.

STUDENT INFORMATION

Legal Last Name	Legal First Name	Preferred First Name		
Gender	Date of Birth	Country of Citizenship	First Language	Second Language
Email	Date of Arrival in Canada	Living With		
Home Address in Toronto (Address, City, Province, Postal Code)				
Primary Phone Number	Phone Type	Secondary Phone Number	Phone Type	Study Permit
Previously Attended a School In Ontario / OEN	Requesting Virtual School	Passport Expiry Date		

PARENT INFORMATION

Parent/Guardian (Legal Last Name, Legal First Name)	Relationship			
Home Country Address (Address, City, Province, Country, Postal Code)				
Primary Phone Number	Phone Type	Secondary Phone Number	Phone Type	Email

CUSTODIAN INFORMATION

Legal Last Name	Legal First Name	Gender		
Home Address in Toronto (Address, City, Province, Postal Code)				
Primary Phone Number	Phone Type	Secondary Phone Number	Phone Type	Email

HOMESTAY INFORMATION

Legal Last Name	
<input type="text"/>	
Legal First Name	
<input type="text"/>	
Toronto Address (Address, City, Province, Postal Code)	
<input type="text"/>	
Primary Phone Number	Phone Type
<input type="text"/>	<input type="text"/>
Secondary Phone Number	Phone Type
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

EMERGENCY CONTACT

Legal Last Name	Relationship
<input type="text"/>	<input type="text"/>
Legal First Name	
<input type="text"/>	
Toronto Address (Address, City, Province, Postal Code)	
<input type="text"/>	
Primary Phone Number	Phone Type
<input type="text"/>	<input type="text"/>
Secondary Phone Number	Phone Type
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

HEALTH AND MEDICAL INFORMATION

Medical Condition(s)/Remarks
<input type="text"/>
Is the student on any medication?
<input type="text"/>
Additional Medical Information
<input type="text"/>

GOALS AND DIRECTIONS

Subjects I like	Subjects I do not like
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Volunteer Experience	
<input type="text"/>	
Goals after High School	
<input type="text"/>	