

NEWCOMER PROFILE

International Fee Paying Students

TDSB SCHOOL INFORMATION

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

STUDENT INFORMATION

	Legal First Nam	ie		Preferree	d First Name
Date of Birth	Country of Citiz	enship	First Langu	lage	Second Language
	Date of Arrival	in Canada	Living Wit	:h	
Home Address in Toronto (Address, City, Province, Postal Code)					
Phone Type Seco	ondary Phone Nu	imber Pho	ne Type	Study Permit	
Previously Attended a School In Ontario / OEN Requesting Virtual School Passport Expiry Date					
	Phone Type Seco	Date of Birth Country of Citiz Date of Arrival o (Address, City, Province, Postal Co Phone Type Secondary Phone Nu	Date of Arrival in Canada Date of Arrival in Canada o (Address, City, Province, Postal Code) Phone Type Secondary Phone Number Pho	Date of Birth Country of Citizenship First Langu Date of Arrival in Canada Living Wit o (Address, City, Province, Postal Code) Phone Type Secondary Phone Number Phone Type	Date of Birth Country of Citizenship First Language Date of Arrival in Canada Living With O (Address, City, Province, Postal Code) Phone Type Secondary Phone Number Phone Type Study Permit

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, F	Postal Code)		
Primary Phone Number Phone Type Secondary P	hone Number Phone Type Er	nail	

HOMESTAY INFORMATION

EMERGENCY CONTACT

Legal Last Name		Legal Last Name	Relationship
Legal First Name		Legal First Name	
Toronto Address (Address, City, Province,	Postal Code)	Toronto Address (Address, City, Provin	nce, Postal Code)
Primary Phone Number	Phone Type	Primary Phone Number	Phone Type
Secondary Phone Number	Phone Type	Secondary Phone Number	Phone Type
Email		Email	

HEALTH AND MEDICAL INFORMATION

Medical Condition(s)/Remarks
Is the student on any medication?
Additional Medical Information

GOALS AND DIRECTIONS

Subjects I like	Subjects I do not like
Volunteer Experience	
Goals after High School	