



International Visa Students - Academic Program



International Education Services

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ALL STUDENTS ARE REQUIRED TO COMPLETE THIS FORM AND RETURN BY FAX (1-905-773-2406) OR EMAIL (admissions@yrdsb.edu.on.ca) PRIOR TO THE PROGRAM START DATE.

STUDENT INFORMATION

SURNAME (FAMILY NAME)		FIRST NAME		OTHER NAME USED	
<input type="checkbox"/> MALE	DATE OF BIRTH (MM/DD/YYYY)	AGE	CITIZENSHIP	COUNTRY OF BIRTH	
<input type="checkbox"/> FEMALE	/ /				
NAME OF SCHOOL					

PROGRAM ATTENDING

<input type="checkbox"/> ACADEMIC/SECONDARY	<input type="checkbox"/> SUMMER ENGLISH LANGUAGE ACADEMY (SELA)
<input type="checkbox"/> ACADEMIC/ELEMENTARY	<input type="checkbox"/> ESL SUMMER CREDIT

FLIGHT ARRIVAL

AIRLINE		FLIGHT NUMBER	
DEPARTURE FROM	DEPARTURE DATE	DEPARTURE TIME	
ARRIVAL DATE IN TORONTO		ARRIVAL TIME	

- I have made personal arrangements to be picked up at the airport.
- I have pre-paid YRDSB to be picked up at the Toronto airport.

HOMESTAY ARRIVAL

<input type="checkbox"/> HOMESTAY PROVIDED BY YRDSB HOMESTAY SERVICES	
DATE OF ARRIVAL TO HOMESTAY (MM/DD/YYYY)	TIME OF ARRIVAL TO HOMESTAY

LOCAL CONTACT / HOST FAMILY INFORMATION

SURNAME (FAMILY NAME)		FIRST NAME		RELATIONSHIP TO STUDENT	
STREET ADDRESS					
CITY	PROVINCE	POSTAL CODE	EMAIL ADDRESS		
PRIMARY TELEPHONE (include area code)		WORK TELEPHONE (include area code)		FAX TELEPHONE (include area code)	

Arrival Confirmation