



Required Information Form

Student Information		
Surname (last name)	Legal surname (if different)	Given name (first name)
Middle name	Preferred name (name used by teachers)	Birth date (month/day/year)
Gender	Citizenship	First language
Province/Country of birth	Arrival date to Canada (if known)	Flight info (if known)
Study permit number --- Expiry date	Passport number --- Expiry date	
Email address of student	Cell phone number of student	

School Information		
School you will attend in the UGDSB	Grade you will enter	Are you a returning student to the UGDSB? Yes No
How will you be attending? In Class Distance Learning		
Have you studied in Ontario before? Yes No If Yes, please fill the information to the right	Please provide your Ontario Education Number (OEN)	
{	Please provide the name of the previous school and the city	
	Last date attended Ontario school	Last grade completed at school



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Medical Information		
Please list any allergies/medical information		
Is information considered life - threatening?	Yes	No
If yes, please fill in Plan of Care (separate form)		
Medications		
Insurance provider		
If other, please scan proof or medical insurance		

Contact Information		
Homestay		
Family name	Home phone	Cell phone
Address		
Email		

Custodian		
Name	Home phone	Cell phone
Address		
Email		