



## International Student Program Application Form

### Student Information

\_\_\_\_\_  
Surname    Given Name(s)    Date of Birth    Age

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Self-Identified \_\_\_\_\_ Not Disclosed \_\_\_\_\_

\_\_\_\_\_  
Street Address in Home Country    City    Province/State

\_\_\_\_\_  
Postal Code/Zip Code    Country    Home Telephone #

\_\_\_\_\_  
Street Address in Dufferin-Peel    City    Postal Code

\_\_\_\_\_  
Citizenship    1st Language    2nd Language

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### Parent Information

\_\_\_\_\_  
Surname    Given Name(s)

\_\_\_\_\_  
Home Telephone #    Work or Cell Phone #

\_\_\_\_\_  
Email Address

**Custodian Information**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Name(s)

\_\_\_\_\_  
Street Address in Dufferin-Peel

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Work or Cell Phone #

\_\_\_\_\_  
Email Address

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**Emergency Contact**

*(In case of emergency should the custodian not be available)*

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Name(s)

\_\_\_\_\_  
Street Address in Dufferin-Peel

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Work or Cell Phone #

\_\_\_\_\_  
Email Address

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**Student's School Information**

Name and location of last school attended:

\_\_\_\_\_  
School

\_\_\_\_\_  
City

\_\_\_\_\_  
Country

In what grade is the student currently enrolled? \_\_\_\_\_

The student is applying for (School Name) \_\_\_\_\_ Grade \_\_\_\_\_

Full Year \_\_\_\_\_ Semester 1 \_\_\_\_\_ Semester 2 \_\_\_\_\_

*Every attempt is made to place the student in the neighborhood school of the Canadian Guardian. Please note that a placement in the neighborhood school is not always possible. Therefore, the Dufferin-Peel Catholic District School Board reserves the right to determine final placement. Transportation is the responsibility of the student and Canadian guardian.*



## International Student Program Acknowledgement

I have read, understand and accept the Dufferin-Peel Catholic District School Board's refund policy as outlined in the information sheet that accompanies this application.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Canadian Guardian's Signature

\_\_\_\_\_  
Date

\*I am Roman Catholic or a church in full communion with the Holy See of Rome (elementary students only).

I must maintain a current Study Permit from Citizenship and Immigration Canada.

Tuition fees must be paid in full prior to admission; any refund will be made only to the guardian who makes the payment.

I understand and accept that I must follow all Dufferin-Peel Catholic District School Board policies and observe the Student Code of Conduct. Any breaches are subject to discipline measures and could result in my being asked to withdraw from the Dufferin-Peel Catholic District School Board.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**NOTE: This application will NOT be considered COMPLETE without all signatures.**

### Please submit your application to:

Dufferin-Peel Catholic District School Board  
Admissions Office  
40 Matheson Boulevard West  
Mississauga, Ontario, Canada, L5R 1C5  
Phone: 905-890-0708  
Email: [internationalstudents@dpcdsb.org](mailto:internationalstudents@dpcdsb.org)

### Links:

[How to Apply](#)  
[Admission Requirements](#)  
[Application Requirements](#)  
[Fees](#)  
[Refund Policy](#)  
[Assessment and Registration](#)

**Please submit the Application Form with ALL required documents.  
Refer to: Application Requirements**

\* The Province of Ontario's OPEN ACCESS policy allows non-Catholic secondary school-aged students to attend a Catholic secondary school.