



INTERNATIONAL EDUCATION

YORK CATHOLIC DISTRICT SCHOOL BOARD

Agent Profile Form

Help us get to know you better: Please complete this form in order to share your contact information with us and provide insight into your organization's operations.

Agency Name:	
Phone #:	
Website:	

Primary Contact Information

Mr./Mrs./Ms. (First Name, Last Name)	
Email Address:	
Mobile #:	

Secondary Contact Information

Mr./Mrs./Ms. (First Name, Last Name)	
Email Address:	
Mobile #:	

Head Office Location: Canada Outside of Canada:

Is your business registered for HST? Yes No

If YES, please provide your HST #: _____

Agency Address:

Number Street Name City/Town

Province Postal Code Country





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What country(ies) do you recruit students from? _____

How long have you been in the education business? _____

How many years has your organization been placing students in Canadian educational institutions/school boards? _____

- Approximately how many students/year? _____
- In which provinces? _____

What services does your organization offer to students/families applying for an International Program in Canada:

- Study permit application: (Yes/No) _____
- School Board application form support: (Yes/No) _____
- Establishing essential services (Eg. setting up a bank account, procuring cell phone service, etc.):

- Other:

If you have placed students in Canadian educational institutes/school boards, please provide references below:

Board Name	Contact Name	Telephone No.	E-mail Address

As an authorized signing party for the above organization, I attest to the accuracy of this information:

Print Name

Position/Title

Signature

Date (mm/dd/yyyy)

