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

Tel. 905.713.1211 I Fax. 905.713.1272
www.ycdsb.ca

YORK CATHOLIC DISTRICT SCHOOL BOARD

320 BLOOMINGTON ROAD WEST
AURORA, ON L4G 0M1

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 K-12 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) _____