



# SETTLEMENT AND EDUCATION PARTNERSHIP IN YORK REGION (SEPYR)

For use of schools (York Catholic District School Board)

FAX to SEPYR office: (905) 731-8264

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of referring school staff: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Newcomer Name and Phone Number Release – Consent Form

### ***SETTLEMENT WORKERS IN SCHOOLS***

**Welcome to Canada!** To help newcomer students and their families settle in their school and community, **Citizenship and Immigration Canada** together with **York Catholic District School Board and Catholic Community Services of York Region** have established a school-based outreach program. Through this program, we are pleased to offer newcomer families support in the following areas:

- |                       |                    |              |             |              |
|-----------------------|--------------------|--------------|-------------|--------------|
| Education             | Employment         | Housing      | Health      | Orientation  |
| Language Training     | Legal Concerns     | Finances     | Immigration | Youth Issues |
| Family Related Issues | Library/Recreation | Other: _____ |             |              |

### **CONSENT FORM**

Family Code \_\_\_\_\_  
(To be accomplished by Settlement Worker)

***This service is free, confidential, and accessible through your child's school***

I, \_\_\_\_\_, hereby give permission for the School Settlement Worker to  
(Name of Parent/Guardian/Students)  
contact me and my family about services and resources that are available in the school and in the community. I understand that my name/my child's name(s), phone number(s) and the information below will be given to the School Settlement Worker.

Student's Name: 1. \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
2. \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Country of Origin \_\_\_\_\_

Total number of family members: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

Language/s Spoken: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cellular)

Email address: \_\_\_\_\_

Signature of Parent/Guardian/Student(s): \_\_\_\_\_ Date: \_\_\_\_\_

#### SEPYR offices:

Bishop Scalabrini Catholic School, Room 23, 290 York hill Blvd., Thornhill, ON L4J 3B6 Tel: (905)731-8281 Fax: (905)731-8264  
Community and Cultural Services, YRDSB, Unit 201, 10909 Yonge St., Richmond Hill, ON L4E 3N7; Tel: (905)737-4353 Fax: (905)737-7931

