

705-796-2247



SWIS Referral Form

he Settlement Worker in Sond support. The SWIS worker determine what new stude	er helps parents learn abou					
Ve need help with: ☐ School and Education ☐ Housing ☐ Law	□ Learning English□ Finding a Job□ Other:		☐ Health Care☐ Immigration			
☐ I give permission for SWIS to☐ I do not give permission for	·	e services.				
Name of Student	lame of Student			Date of Birth		
Name of School	ne of School Language(s) Spoken at Home			2		
UCI Number (Permanent Minister's Permit, IMM529 Name of Parent/Guardian		ent ID/GCMS, T		nt,		
Name of Parent/Guardiar	l	Phone Numi	per			
Email	Postal Code					
	, hereby consent to consent to the School Bo nool Board to exchange ar	ard to forward	this form. I also g	jive consent		
•	dian or Student 12 years ar /Guardian(s) of any studer		e of 16 requesting	g services*)		
Date						
Please forward referral fo	rms to the contact below:					
Monika Yosofzai						
SWIS Program Coordinat monika.yosofzai@sm.ymc			Funded by:	Financé par :		
swis@sm.ymca.ca		-	Immigration, Refugees and Citizenship Canada	Immigration, Réfugiés et Citoyenneté Canad		