

# ASSESSMENT FORM FOR CANADIAN SCHOOLING VISA

Please check mark [  ] where ever applicable in the brackets [    ] provided

## PERSONAL INFORMATION OF THE STUDENT (Please fill in upper case) AS PER PASSPORT

First Name:		Middle Name:		Last Name:	
Address same as on passport					
Telephone	Home:		WhatsApp:		
	Mobile:		Email:		
Date of Birth	Day:	Month:	Year:	Gender: M [    ] or F [    ]	
Place of Birth	City:		State:	Country:	
Passport Details and Issuing country	Passport Number		Issued Date	Expiry Date	
Language	1 <sup>st</sup> Language [    ]	2 <sup>nd</sup> Language [    ]	3 <sup>rd</sup> Language [    ]		

## Current Schooling Information

Study Period		Last Grade or Class passed	Education Board and Medium of Education	Subjects and % of Marks in Each Subject
From:	To:			

## Parent/Guardian Information

First Name of The Parent/Guardian-1	Last Name of The Parent/Guardian-1	Relationship to the child	Phone Number	Email Address
First Name of The Parent/Guardian-2	Last Name of The Parent/Guardian-2	Relationship to the child	Phone Number	Email Address

## Emergency Contact Information

First Name	Last Name	Relationship	Phone Number	Email Address

## Any Canadian Contact Information (If Available)

First Name	Last Name	Relationship	Phone Number	Home Address

## Current Calendar Year Program Registration

Students are applying for following programs in this Calendar year: - Please check mark where applicable

Grade K - 8	a) September 2018 to June 2019 (Full Year) [    ]
	b) September 2018 to September 2019 (Full Year – includes summer holidays) [    ]
Grade 9 - 12	a) September 2018 to June 2019 (Full Year) [    ]
	b) September 2018 to September 2019 (Full Year – includes summer holidays) [    ]

- Do You want us to arrange for the accommodation    YES [    ]            NO [    ]

### Educational Goals and Directions

Favorite Subjects	
Challenging Subjects	
Strengths	
Hobbies/Interests	
Post-Secondary Plans (if known)	

### FINANCIAL INFORMATION DETAILS

Do you have the financial resources to adequately support yourself in Canada?					Mention Yes [    ] No: [    ]	
Net Worth	Bank:	Property:	Assets:	Other:	Total:	

### PRIOR APPLICATION TO CANADA

Have you ever applied for Canadian study visa? Mention Yes [    ] No: [    ]			If refused provide refusal letter	
How did you come to know about our Immigration Consultancy firm? Mention [Yes] where applicable:				
Friend [    ]	Seminar [    ]		Referral [    ]	
Newspaper [    ]	Internet [    ]		Other [    ]	

### DECLARATION

I agree that the information provided by me in the above form is true and correct to the best of my knowledge and given for the sole purpose of my FREE assessment regarding schooling education in Canada.

Signature: .....

Print Name: .....

Date: .....

Place: .....

All information provided in this form will remain strictly confidential and secure. It will **not** be shared with any external sources except the educational institution and Citizenship and Immigration Canada. This information will be used for the sole purpose of securing your possible schooling visa to Canada.

In addition to the assessment form, you may send an updated resume or curriculum vitae, if available, as an attachment to our email address at [info@chalocanada.ca](mailto:info@chalocanada.ca)

**For any further information, please contact:**

**Chalo Canada Inc.**

**350 Rutherford Rd. South, Plaza II, Unit #104, Brampton, ON, Canada, L6W 3M2**

**Email: [info@chalocanada.ca](mailto:info@chalocanada.ca)**

**Website: [www.chalocanada.ca](http://www.chalocanada.ca)**