



## SWIS Referral Form

**The Settlement Worker in School program** provides newcomer families with information and support on:

- Education in Canada
- Community Programs
- Health
- Other Settlement Needs

I give permission for a Settlement Worker to contact me:

\_\_\_\_\_  
Name of Parent/Guardian

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

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Language Spoken at Home

I \_\_\_\_\_, hereby consent to be contacted by the YMCA Settlement Service Provider and give consent to the School Board to forward this form. I also give consent for the YMCA and the School Board to exchange and disclose my information internally.

\_\_\_\_\_  
Signature of Parent/Guardian or Student 12 years and older  
(We will contact Parent(s)/Guardian(s) of any student under the age of 16 requesting services\*)

\_\_\_\_\_  
Date

Please forward referral forms to the contact below:

**Jennifer Hickling**

SWIS - Program Coordinator

705-796-0738

jennifer.hickling@sm.ymca.ca or swis@sm.ymca.ca

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