



Canadian Buddy Program Authorization Form

I hereby give permission to the UGDSB to have a Canadian Buddy/student contact your child/student, by the preferred method indicated below, prior to their arrival in our program. The Canadian Buddy/student has been chosen by the ISP Advisor at the school to which your child/student has been accepted.

Student Name: _____

(student name on application form)

Preferred Name: _____

(the name you use with your family and friends)

Please tell us 3 things about yourself:

1. _____
2. _____
3. _____

Preferred Method of Contact (Please provide at least 1 below):

☐ Email ☐ WeChat ☐ WhatsApp: _____

☐ Email ☐ WeChat ☐ WhatsApp: _____

Parent Name (Printed)

Parent Signature

____/____/____
month/day/year

For ISP Office use only.

School: _____

Canadian Buddy: _____

Grade: _____

C.B. Email: _____

ESL level: _____

C.B. Phone #: _____