



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: _____ **Preferred Name:** _____
(student name on application form) *(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 #: _____