



A Non-profit Corporation
for Student Exchange

SCHOOL ACCEPTANCE OF EXCHANGE STUDENT AGREEMENT

SCHOOL INFORMATION

Name _____

Address _____

Phone (_____) _____

E-mail _____

School Website: _____

STUDENT INFORMATION

Name / DOB _____

Home Country _____

HOST FAMILY INFORMATION

Name _____

Address _____

Phone (_____) _____

E-mail _____

COMMUNITY COORDINATOR

Name _____

Address _____

Phone (_____) _____

E-mail _____

On behalf of _____ High School,

I agree to accept the above-named foreign exchange student into our school for the following

(*please check one*) Semester Academic year Calendar year

starting _____ and running through _____.

I also certify that the high school is accredited by the regional accreditation agency.

Name/Title of School Official

Date