



**FOREIGN EXCHANGE STUDENT
REGISTRATION CHECKLIST**

(Appendix 3)

Please complete this form and keep one copy with the student's records and forward one copy to Assistant Superintendent for School Support

- ___ 1. The student is sponsored by a School Board approved Foreign Exchange Agency.
- ___ 2. The student will attend two semesters (one full school year).
- ___ 3. The student is at least 16 but not more than 18 years of age on the date of enrollment in the program.
- ___ 4. The student has been accepted by a host family.

The following documents have been provided:

- ___ 5. An English translation of an official transcript of the student's high school course work with brief course descriptions - the transcript shall also indicate if the student has already graduated or received a diploma.
- ___ 6. A record of the student's health, immunization (*Blue Card*), and physical (*signed by a licensed physician and dated within one year*).
- ___ 7. Proof of residency within the designated high school's district.
- ___ 8. Birth certificate.
- ___ 9. Proof of appropriate medical coverage.

Graduation: It has been determined that the student will attempt to earn

- _____ a. a standard high school diploma*
- _____ b. an honorary high school diploma
- _____ c. high school credit in the appropriate grade level

* These students must be referred to the Assistant Superintendent for School Support for records review.

English Proficiency: The student has been tested by the ELL (ESOL) teacher or district ELL (ESOL) Department and is

___ Eligible ___ Not Eligible for ELL (ESOL) services. Language Proficiency Level: ___ (1-4, or FES)

It is understood that if a problem arises with the host family, the exchange organization agrees that it is the exchange organization's responsibility to solve the problems or to find another host family. Under no circumstances should the student or the school be expected to find a different host family.

Student

Host Family Name

Foreign Exchange Agency

Host Family Address

Area Representative/Phone

Host Family Phone

Signature of Principal/Designee

Date