

D.C. EVEREST AREA PUBLIC SCHOOLS
FOREIGN EXCHANGE STUDENT ENROLLMENT FORM

NAME OF FOREIGN EXCHANGE STUDENT: _____

COUNTRY: _____

SPONSORED BY: _____

Name of Organization

DOCUMENTATION REQUIRED: _____ Statement of Responsibility from Resident Sponsor (Host Family)

_____ Sponsoring Agency Documentation, including proof of Legal Immigration Status

_____ Health Records

_____ English Proficiency

_____ Student Transcript

RESIDENT SPONSOR: Name: _____

Address: _____

Phone: _____

ORGANIZATION FIELD REPRESENTATIVE: Name _____

Address: _____

Phone: _____

DATE OF ADMINISTRATIVE APPROVAL: _____

Exhibit Approved: 3/28/95
Exhibit Revised: 8/26/08
KAG:ems

SCHOOL BOARD
D.C. Everest Area School District
6300 Alderson Street
Weston, Wisconsin 54476