



# KENNEDALE ISD FOREIGN EXCHANGE PROGRAM APPLICATION

Exchange Requested For:

Exchange Student's Full Name:	Exchange Student's Home Country:
Exchange Organization:	Exchange Organization Area Representative:
Host Family Name(s):	Host Family Address:
Host Family Telephone Number:	Requested School Year of Enrollment (For KISD Use Only):

Required Documents / Records: (All items must be included in order for a student application to be accepted for consideration of placement.)

<input type="checkbox"/>	Signed Acknowledgement of KISD Foreign Exchange Student Guidelines (Signatures Below)	<input type="checkbox"/>	School Acceptance / Authorization to Enroll Form (Provided by Foreign Exchange Organization)
<input type="checkbox"/>	Student's Birth Certificate / Passport	<input type="checkbox"/>	Student's Immunization Records
<input type="checkbox"/>	Student's Official High School Transcript from Home Country (Translated into English)	<input type="checkbox"/>	Host Family Proof of Residency
<input type="checkbox"/>	J-1 Visa	<input type="checkbox"/>	Proof of Level of English Proficiency
<input type="checkbox"/>	Additional Items (Please Describe):		

By signing below, I acknowledge that I have read and agree to abide by the KISD Foreign Exchange Student Enrollment & Eligibility Guidelines. I understand that failure to abide by any of the guidelines either by the exchange student, the host family, or the exchange organization area representative, will cause the exchange student's immediate withdrawal from the ISD and could negatively affect future placement of foreign exchange students by the exchange organization named above.

Exchange Area Representative (Signature)	Exchange Area Representative (Printed Name)	Date

Host Family (Signature)	Host Family (Printed Name)	Date

\*\*\*\*\*For KISD Use Only\*\*\*\*\*

- ☐ Host Family Proof of Residency Checked(Circle One):      electric bill      lease agreement
- ☐ Required Documents/Records & Signatures Checked

☐ Approved for Enrollment (See Signature Below)

☐ Denied for Enrollment (Reason): \_\_\_\_\_

Approved for Enrollment by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Counseling Services)