

DAVIS SCHOOL DISTRICT

SHORT TERM FOREIGN EXCHANGE APPLICATION

Please submit all information to Brad Christensen

Director of Admissions bchristensen@dsmail.net

Date Agency is requesting Short Term visit: _____

As per policy this visit will only be 5 days in the requested school.

Agency requesting Short Term visit for _____ High School.

Number of students that will be visiting: _____

Agency requesting application: _____

Agency contact Person: _____

Agency contact Phone Number: _____

Local Rep. requesting visit: _____

Local Rep. contact Phone Number: _____

Are you a CSJET certified agency? Yes ____ No ____

How many Chaperone's/shadow adults will be accompanying these students?

What Country are the students from: _____

Please provide proof of Insurance, immunizations, name and address of host parents and a copy of your itinerary.

Applications approved by the Director of Admissions will also require a meeting to finalize all documentation.

Requesting Agency/ Rep. Signature

Date

Director of Admissions Signature

Date