

FOREIGN EXCHANGE PROGRAM

2022-2023

Northwest ISD Petition for Participation

(Please Print or Type)

Organization _____

Address _____

Program Representative _____

Address _____

Phone-Work _____ Home _____

Email _____

Community Coordinator _____

Phone-Work _____ Home _____

Email _____

Area Coordinator _____

Phone-Work _____ Home _____

Email _____

Year Organization was established _____

Please circle the appropriate answer to the questions below:

- | | | |
|--|------|----------|
| 1. Current Information Brochures submitted | Y | N |
| 2. DOS designee | Y | N |
| 3. Private, Not-for-profit organization | Y | N |
| 4. English language support provided | Y | N |
| 5. Placed students in NISD previously | Y | N |
| 6 Academic Program duration | Year | Semester |

Briefly describe the organization's process for student selection, including who conducts the screening.

Briefly describe the organization's process for host family selection, including who conducts the screening.

Describe/Submit the organization's termination policy.

LOCAL REFERENCES (Former Host Families)
(List all for the past 3 years)

Name	Address	Telephone
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SCHOOL REFERENCES

(List all Schools where students were placed in the last 3 years)

Name	Address	Contact Person	Telephone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____