



2023-2024

**Foreign Exchange Student  
Request for Enrollment**  
(Please Print or Type)

Student Name \_\_\_\_\_

Host Family Prospect \_\_\_\_\_

Address \_\_\_\_\_

School/Placement \_\_\_\_\_

Organization Sponsoring Student \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please circle the appropriate answers to the questions below:

- |   |   |   |
|---|---|---|
| 1. Academic records are attached          | Y | N |
| 2. Academic history attached              | Y | N |
| 3. Level of English proficiency verified  | Y | N |
| 4. Background information attached        | Y | N |
| 5. Home interview conducted (Date _____ ) | Y | N |

Return to:  
NHS Associate Principal

---

DATE RECEIVED \_\_\_\_\_  
APPROVED/DISAPPROVED \_\_\_\_\_