

REQUEST FOR PLACEMENT

Glacier High School

Foreign Exchange Student Program



Please use this form as your cover page to your packet

Name of organization: _____

Is the sponsoring organization approved according to the CSJET guidelines? Yes No

Name of local organization representative: _____

Phone Number _____ Email _____

Name of student: _____

Age of student on Sept. 15: _____ Male Female

Country of origin: _____

Does the student have a J-1 visa? Yes No

Name of host parent(s): _____

Host family address (location where they reside): _____

Phone Number _____ Email _____

ADMIN USE Request Accepted Request Denied