

NHS
2024-2025
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:

Shannon Boudreaux
NHS Associate Principal
Shannon.Boudreaux@nisdtx.org

Approved/Disapproved