



Striving to be the Nation's Premier Learning Organization

**ANNUAL NOTIFICATION OF COMPLIANCE WITH THE GUIDELINES FOR PLACING INTERNATIONAL EXCHANGE STUDENTS IN A FLAGLER COUNTY, FLORIDA, USA, SCHOOL BY THE SPONSORING AGENCY'S CHIEF OFFICER/DESIGNEE**

I, \_\_\_\_\_ (Name of CEO/Designee), have read the procedures established for International Exchange Students entering a Flagler County School, and do hereby certify that \_\_\_\_\_ (Name of Agency) will abide by the procedures established by the School District of Flagler County, Flagler County, Florida, USA (School District of Flagler County).

I also certify that I have informed all agency representatives of these procedures. I further certify that if the Sponsor or any of its representatives, paid or unpaid, violate any procedures established by the School District of Flagler County, the Sponsor may result in forfeiting its privilege to place International Exchange Students in a Flagler County school for two (2) calendar years following notification of revocation of authorization to place students in a school within the School District of Flagler County.

Failure to cooperate with health and welfare investigations, or any intimidation or threat initiated by a Sponsor's representative to an International Exchange Student resulting from any health and welfare investigation will result in revocation of authorization to place an International Exchange Student in a school within the School District of Flagler County in perpetuity.

**I also understand that it is my obligation to re-certify on an annual basis between October 1 and March 1 of the school year preceding the academic year in which my agency plans to place International Exchange Students in a school within the School District of Flagler County.**

\_\_\_\_\_  
Name of CEO/Designee (Type or Print) Name of Company (Type or Print)

\_\_\_\_\_  
Signature of CEO/Designee Date

\_\_\_\_\_  
Local Agent/Name Local Agent/Contact Phone Number

\_\_\_\_\_  
Local Agent/Contact Email Address

\*\*\*\*Please return this completed form to:

Mr. Jeff Reaves Director of Teaching and Learning, Flagler County Schools, 1769 E Moody Blvd Bldg 2 Bunnell, FL 32110 [reavesj@flaglerschools.com](mailto:reavesj@flaglerschools.com)

<b>Acceptance of Notification</b>
Date: _____
Signature: _____

