CACHE COUNTY
SCHOOL DISTRICT

FOREIGN EXCHANGE APPLICATION AND SWORN AFFIDAVIT OF ASSURANCES

APPLICATION:

Agency Name:_____

Application School Year:_____

Agency Contact Person:_____

- Office Phone:_____
- Contact email:_____
- Cell phone:_____
- Agency Address:_____

Area Agency Representative:_____

- Office Phone:_____
- Cell Phones:_____
- Email:_____
- Address:_____

Local Agency Representative:_____

- Rep email:_____
- Rep Office Phone:_____
- Rep Cell Phone:_____
- Rep Address:_____

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Agency representative is to initial each line to show they/ the program has complied with the following requirements:

_____ A household study, including a background check of all adult residents in each household where an exchange student is to reside in compliance with section 53G-6-707; a background study assures that the exchange student will receive proper care and supervision in a safe environment

_____Host parents have received training appropriate to their positions, including information about enhanced criminal penalties under Utah Code Subsection 76-5-406(10) for persons who are in a position of special trust.

_____A representative of the exchange student agency shall visit each student's place of residence at least monthly during the student's stay in Utah.

_____The agency shall cooperate with school and other public authorities to ensure that no exchange student becomes an unreasonable burden upon the district or other public agencies.

_____Each exchange student will be given in the exchange student's native language, names and telephone numbers of agency representatives and others who could be called at any time if a serious problem occurs.

_____Alternative placements are readily available so that no student is required to remain in a household if conditions appear to exist, which unreasonably endanger the student's welfare.

_____I have read and understand the Cache County Student Enrollment Policy.

Agency/Program Name: _____

Phone: _____ Email:_____

ACKNOWLEDGEMENT

To be signed before a Notary:

_____ _____

(Signature of Agency Contact/Representative) *(Date)*

State of Utah
County of Cache
Subscribed and sworn before me this _____day of_____, 20_____

_____

(Signature of Notary Public) *[STAMP]*

My commission expires:_____