



Lake Oswego School District 7J

P.O. Box 70, 2455 Country Club Rd.

Lake Oswego, Oregon

Foreign Exchange Program Application

Exchange Organization _____

Program Coordinator _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Local Representative _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Insurance Carrier _____

Countries Served _____

PLEASE ATTACH/EMAIL application plus these items to lisa.oliva@loswego.k12.or.us:

- A copy of Certificate of Insurance
- A copy of the most recent program brochure
- A copy of certificate from CSIET Certificate of Acceptance and/or CSIET Advisory List brochure listing the Exchange Program/Organization

AGREEMENT OF UNDERSTANDING

I understand and agree to abide by the policies and procedures set forth by the Lake Oswego School District in the Procedures and Guidelines for Enrolling Foreign Exchange Students.

Signature of program representative

Date

FOR LOSD USE

☐ Approved

☐ Denied

Comments:

Executive Director of Secondary Programs

Date



Lake Oswego School District 7J

P.O. Box 70, 2455 Country Club Rd.
Lake Oswego, Oregon

Dear Exchange Program Representative,

Please include a Certificate of Insurance with your Foreign Exchange Program Application. If the policy dates do not indicate coverage for the entire school year, the District needs assurance that your organization will have continued coverage while the student(s) attends Lake Oswego School District. Please send policy updates as you receive them so the information in your program's application file is current.

Please return this letter with the signature of the appropriate program staff along with your program application.

Thank you for your assistance.

Lou Bailey
Executive Director of Secondary Programs

I _____, certify that the _____ student exchange program has obtained sufficient insurance to pay claims attendant to illness, accident, or death of an exchange student and possible liability of the host family. Additionally, I certify the insurance coverage will remain in effect throughout the school year the student(s) will be attending.

Signature of program representative

Date