



Todd Corsetti, Executive Administrator for High Schools & Athletics
1260 NW Waterhouse Ave., Beaverton, OR 97006
Foreign Exchange Executive Assistant: Jessie Newton
Email: jessie_newton@beaverton.k12.or.us
503-356-4429 / FAX: 503-356-4438

INTERNATIONAL STUDENT EXCHANGE APPLICATION 2026-2027			
HIGH SCHOOL:		GRADE REQUESTED:	
STUDENT NAME (Last/First):		AGE UPON ARRIVAL:	
DOB (Month/Day/Year):		COUNTRY:	
CHECK ONE: Full School Year ☐ 1st Semester ☐ 2nd Semester ☐			
LANGUAGE PROFICIENCY SCORE (include copy of test)	ELTIS		

HOST FAMILY NAME (host family <u>must</u> live within school boundary):		ADDRESS/CITY/STATE/ZIP:	
PRIMARY PHONE #	SECONDARY PHONE #	EMAIL ADDRESS	
I accept responsibility for the above-named student under the guidelines of the sponsoring exchange program and in compliance with Beaverton School District International Exchange Student Guidelines.			
Host Signature			

PROGRAM AGENCY NAME:		LOCAL AREA REPRESENTATIVE NAME/ADDRESS:	
PRIMARY PHONE #	SECONDARY PHONE #	EMAIL ADDRESS	
As the local representative and the agent for the exchange program, my signature confirms my agreement to abide by all policies and procedures of the Beaverton School District.			
Representative/Agent Signature			

APPLICATION CHECKLIST ON PAGE 2.

Belong. Believe. Achieve.

The District prohibits discrimination and harassment based on any basis protected by law, including but not limited to, an individual's actual or perceived race, color, religion, sex, sexual orientation, gender identity, gender expression, national or ethnic origin, marital status, age, mental or physical disability, pregnancy, familial status, economic status, veterans' status, or because of a perceived or actual association with any other persons within these protected classes.

APPLICATION CHECKLIST

- ☐ The student must reside with an adult resident of the Beaverton School District within the attendance area of requested school.
- ☐ The student must possess a valid J-1 Visa.
- ☐ **As of September 1 of the program year, the student must be between 15 and 17 years of age.**
- ☐ **The student / agency must submit:**
 - a. Evidence that he/she has successfully completed a minimum of 3 years of English Language instruction, which includes speaking and listening as well as reading and writing.
 - b. The results of an approved English proficiency exam.
 - c. Official transcript and/or record of prior education from the student's home school and an English translation of the same document.
 - d. **Certificate of Insurance for the duration of the students' visa.**
 - e. The name, address and phone number(s) of the student's own parents/guardians, the host family, and the local international student exchange program representative.
 - f. A character reference: must be from a professional staff member in the student's home school, translated into English.
 - g. A copy of his/her health immunization records, translated into English. The international student exchange agency must fill out and attach a completed copy of the Oregon Certificate of Immunization Program form to the student file.

Belong. Believe. Achieve.

The District prohibits discrimination and harassment based on any basis protected by law, including but not limited to, an individual's actual or perceived race, color, religion, sex, sexual orientation, gender identity, gender expression, national or ethnic origin, marital status, age, mental or physical disability, pregnancy, familial status, economic status, veterans' status, or because of a perceived or actual association with any other persons within these protected classes.