

FOREIGN EXCHANGE PROGRAM

2026-2027

Northwest ISD Petition

for Participation

(Please Print or Type)

Organization_____

Address_____

Program Representative_____

Address_____

Phone-Work_____ Home_____

Email_____

Community Coordinator_____

Phone-Work_____ Home_____

Email_____

Area Coordinator_____

Phone-Work_____ Home_____

Email_____

Year Organization was established_____

Please circle the appropriate answer to the questions below:

- | | | |
|--|---|---|
| 1. Current Information Brochures submitted | Y | N |
| 2. DOS designee | Y | N |
| 3. Private, Not-for-profit organization | Y | N |

4. English language support provided	Y	N
5. Placed students in NISD previously	Y	N
6 Academic Program duration	Year	Semester

Briefly describe the organization’s process for student selection, including who conducts the screening.

Briefly describe the organization’s process for host family selection, including who conducts the screening.

Describe/Submit the organization’s termination policy.

LOCAL REFERENCES (Former Host Families)
(List all for the past 3 years)

Name	Address	Telephone
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SCHOOL REFERENCES

(List all Schools where students were placed in the last 3 years)

Name	Address	Contact Person	Telephone
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