



# CENTRAL STATES ROTARY YOUTH EXCHANGE PROGRAM, INC.

SERVING 18 DISTRICTS IN ILLINOIS, INDIANA, MICHIGAN, MINNESOTA, NORTH DAKOTA, WISCONSIN AND ONTARIO, CANADA  
5580, 6220, 6250, 6270, 6290, 6310, 6330, 6360, 6400, 6420, 6440, 6450, 6460, 6490, 6510, 6540 6560, 6580



## Youth Exchange Early Return Form

### Instructions:

Please complete the following report leaving no field blank. Early Return forms should be emailed or faxed to RI (email: [youthexchange@rotary.org](mailto:youthexchange@rotary.org); fax: +1-847-556-2182).

### STUDENT INFORMATION

Student's name: \_\_\_\_\_

Host district: \_\_\_\_\_ Sponsor (sending) district: \_\_\_\_\_

Date of departure from host district: \_\_\_\_\_

Date parents/ legal guardians were notified: \_\_\_\_\_

Date sponsor district was notified: \_\_\_\_\_

### Type of exchange:

**Long-Term Exchange**

### Please mark all reasons for this early return that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Breach of Law                         | <input type="checkbox"/> Poor grades                            |
| <input type="checkbox"/> Disobeyed rules on a Rotary trip      | <input type="checkbox"/> Poor school attendance                 |
| <input type="checkbox"/> Homesickness                          | <input type="checkbox"/> Psychological condition                |
| <input type="checkbox"/> Host family conflict                  | <input type="checkbox"/> Religious conflict                     |
| <input type="checkbox"/> Family emergency                      | <input type="checkbox"/> Romantic involvement                   |
| <input type="checkbox"/> Illness or Injury                     | <input type="checkbox"/> Student request                        |
| <input type="checkbox"/> Inactivity in school or the community | <input type="checkbox"/> Unauthorized travel                    |
| <input type="checkbox"/> Drug or alcohol use                   | <input type="checkbox"/> Other ( <i>Please explain</i> ): ..... |
| <input type="checkbox"/> Operated a motor vehicle              |   |
| <input type="checkbox"/> Political situation                   |   |

Has a guarantee form been submitted for this student?  Yes  No (If no, please submit the guarantee form along with this report)

This form completed by: \_\_\_\_\_ Dated: \_\_\_\_\_

Send a copy of this form to Bob Hosch, CSRYE Responsible Officer