



DISTRICT _____
A MEMBER OF
CENTRAL STATES ROTARY YOUTH
EXCHANGE PROGRAM, INC

SCHOOL ENROLLMENT FORM

For students arriving in January

Students Name _____ From _____
 has been accepted for enrollment in a full course of study at

Name of School _____

Street Address (No P O BOXES) _____

City _____ State _____ Zip _____

for the second semester of _____ academic year and the first semester of the next academic year.

This student (has) (has not) completed secondary school in his/her home country

Cross out one

 Host Family Name

 /street /address City State Zip

have agreed to be host parent/s, and

_____ of the Rotary Club of _____

Youth Exchange Officer

 Street Address City State Zip

Phone Number (____) _____ email _____

has agreed to provide the family, student and school
 with any support they may require during the course of the year.

I, _____, _____, do hereby give permission to enroll the above student
 Print Name Title
 for the second semester of the _____ academic year. I also agree that all tuition costs, if any, have
 been waived. And I certify that this high school is accredited by the regional accrediting agency.

 (signature)

 (date)

The school has received the student's transcript in English. Yes No