



FOREIGN EXCHANGE
STUDENT APPLICATION COVER SHEET

Information contained on this form must be typed.

STUDENT INFORMATION

Student Name Last First Middle Date Submitted Prior to August 15th

Country Visa J1

Requested School for the Experience

GUARDIAN INFORMATION

Name

Address

Level of English Fluency Rating Excellent Good Fair

Academic Skills Number of Years

Individual Character

Primary Interest

Secondary Interest

Future Plans

HOST FAMILY INFORMATION

Host Family Last First Middle

Mailing Address Street

City, State Zip Code

Contact Numbers Home Work

*Attach Agency Application and return to Suffolk Public Schools - Dr. Rodney J. Brown, 100 N. Main Street, Suffolk, VA 23434*

**FOREIGN EXCHANGE AGENCY** *(must be CSJET endorsed)*

**Local Agency Contact**

\_\_\_\_\_  
*Last First Middle*

Mailing Address

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State Zip Code*

Contact Numbers

\_\_\_\_\_                      \_\_\_\_\_  
*Office Fax*

**Agency Contact**

\_\_\_\_\_  
*Last First Middle*

Mailing Address

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State Zip Code*

Contact Numbers

\_\_\_\_\_                      \_\_\_\_\_  
*Office Fax*

**Agency Application Checklist**

- \_\_\_\_\_ Translated copy of the Transcript
- \_\_\_\_\_ Appropriate Medical Records
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Proof of Host Family Residency
- \_\_\_\_\_ Permission to participate in Interscholastic Athletics
- \_\_\_\_\_ Appropriate Insurance Information

Suffolk Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies.

Dr. Rodney J. Brown, Chief of Administrative Services  
100 N Main Street, Suffolk VA 23434  
Phone: (757) 925-6750 Email: rodneybrown@spsk12.net

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