

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
SCHOOL CHOICE, CHARTER SCHOOLS, AND VIRTUAL SCHOOL
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231

FOREIGN EXCHANGE STUDENT PROGRAM APPLICATION CHECKLIST

Instructions: Complete each section below. The required documents in **Section 2** should be checked off, placed in the order requested and submitted for review during the scheduled meeting between the Local Area Representative and the Supervisor of School Choice, Charter Schools, and Virtual School. **Incomplete packets will not be processed.**

SECTION 1: BACKGROUND INFORMATION (Print)

Name _____ DOB _____

Grade level at the time of placement _____ Country of Origin _____

Attendance zoned high school requested _____

Foreign Exchange Company (Print)

Company Name _____

Regional Representative Name _____

Email Address _____ Business Phone _____

Sarasota County Local Area Representative (Print)

Name _____ Email Address _____

Address _____ Zip _____

Phone (Daytime) _____ Phone (Evening) _____

Host Family (Print)

Name _____ Email Address _____

Address _____ Zip _____

Phone (Daytime) _____ Phone (Evening) _____

SECTION 2: APPLICATION CHECKLIST

Assemble the application packet documents in the order as stated below:

- 1. Program Application Checklist (this form)
- 2. Student Application to Foreign Exchange Program
- 3. Valid U.S. health, accident, and liability insurance
- 4. Health and Immunization (*HRS Form 680) and physical (signed by a licensed physician and dated within one year)
- 5. Proof of English language proficiency
- 6. Acknowledge receipt of Foreign Exchange Student Program Eligibility Requirements and Procedures
- 7. Student academic record/transcript of grades – **Must include at least the last two school years of course work translated into English**
- 8. Host Family Application (complete description of each family member of host family)
- 9. Host family references
- 10. Proof of host family residency in Sarasota County, Florida

***HRS Form 680 is obtained at the Sarasota County Health Department when the student immunization records are presented to that Department by the Exchange Company's local representative or the host family.**

Local Area Representative Name (Print) _____ Local Area Representative Signature _____ Date _____

School Choice, Charter Schools, and Virtual School Supervisor Name (Print) and Signature _____ Date _____