INTERNATIONAL Student Exchange

Office Use Only

HF: _____

School: _____

Decision: _____ **Student ID:** _____

SELF-PLACEMENT PRELIMINARY REQUEST FORM

*The purpose of this form is to **secure preliminary confirmation** that the school is willing to consider the student and to verify that the family meets the minimum eligibility criteria:*

*a) HF **must not be related to the student** or anyone in the student's family*

*b) **English must be the primary language** used at the home*

*The **actual school acceptance is conditioned** upon the student's overall personal, academic and medical profile that could only be determined after a timely submission of the entire application.*

*The **actual HF eligibility will be determined** upon a duly completed HF vetting process.*

Important Notes (Please Read Carefully):

- **Forms must be sent by International Representatives (forms sent directly from students will not be considered)**
  - **Please email the completed form to self.placement@iseusa.org**
- **All fields on page 2 of this form must be completed and typed. Handwritten or incomplete forms will NOT be accepted**
- **Preliminary approval does not guarantee acceptance to the program**

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Student

Name: _____ **Date of Birth:** ____/ ____/ _____
Month / Day / Year

Country of Residence: _____ **International Agent:** World Wide Qualifications

Expected Start: _____/ _____ **Expected Duration:** _____
Year / Month *Months*

Expected Grade when in US: ☐ 9th ☐ 10th ☐ 11th ☐ 12th*

****If 12th grade, please confirm if the student will have graduated in their home country prior to arrival:*** ☐ *Yes* ☐ *No*

Allergies and/or Medical Conditions: _____

The Department of State regulation states: "Sponsors shall not knowingly be party to a placement (inclusive of direct placements) based on athletic abilities, whether initiated by a student, a natural or host family, a school, or any other interested party". If your student plays any specific sport(s) you must list it here:

_____

Host Family

Name: _____

Address: _____ **City:** _____ **State:** _____

Cell Phone: _____ **Email:** _____

Best Time to Call: _____

Please describe the relationship between the exchange student and natural family: _____

School

(provide as much information as you have)

Name: _____

Contact Person: _____

Address: _____ **City:** _____ **State:** _____

Phone: _____ **Email:** _____

Additional Notes

_____