

Foreign Exchange Student Program
 School Counseling & BRACE Advisement Department
 Broward County Public Schools

District Registration & Acknowledgement

Student Name:	Date:
Country of Origin:	Date of Birth:
Host Family Name(s):	Phone Number:
Host Family Address:	Email:
Boundary School:	Date of Enrollment:
Enrollment Terms: <input type="checkbox"/> 1st Term <input type="checkbox"/> 2nd Term <input type="checkbox"/> Both Terms	Grade Level:
Area Representative Name & Title:	
Email:	Phone Number:
Sponsoring Organization:	Phone Number:
Regional Contact Name & Title:	
Email:	Phone Number:
Emergency Contact(s):	Phone Number(s):

I have reviewed ***The School Board of Broward County Foreign Student Exchange Program Policy 5013 and Procedures*** and will comply with all ***School Board of Broward County and State Department Rules and Regulations***.

I understand that failure to comply with these policies and procedures will result in my organization no longer being able to place students in Broward County Public Schools.

Signature of Representative

Print Name: