

2024 – 2025 SCHOOL YEAR

APPLICATION FROM FOREIGN EXCHANGE ORGANIZATION FOR PLACEMENT OF FOREIGN EXCHANGE STUDENT IN THE VACAVILLE UNIFIED SCHOOL DISTRICT

Name of Agency: _____
 Name of Representative: _____ Date: _____
 Address (Street, City, Zip): _____
 Phone (Home) _____ (Work) _____ (Cell) _____

NAME OF STUDENT	BIRTHDATE	2024-2025 Grade	Requested School of Enrollment

Please attach documentation for each item listed below:

- Exchange program must be registered with the California Attorney General’s Office per Board Policy.
- Formal requests must be received no later than June 7, 2024 for the 2024-2025 school year.

Additional terms of agreement:

- Student placement must be for the entire school year (beginning of first semester to end of school year).
- All students shall meet state and District immunization requirements.

I affirm that the above and attached documentation is a true and complete statement.

Signature of Agency Representative _____ Date _____

PLEASE NOTE: APPROVAL OF THIS REQUEST DOES NOT GUARANTEE APPROVAL OF REQUESTED CLASSES. AVAILABILITY OF CLASSES WILL BE DETERMINED BY SCHOOL ADMINISTRATION.

***** **BELOW THIS LINE FOR DISTRICT USE ONLY** *****

TO BE COMPLETED BY HIGH SCHOOL OF DESIRED ATTENDANCE

APPROVED _____ DENIED _____
 _____ Principal _____ Date _____

If denied, reason: _____

TO BE COMPLETED BY DISTRICT OFFICE

APPROVED _____ DENIED _____
 _____ Director, Student Attendance & Welfare _____ Date _____

If denied, reason: _____

Sent to Requested School: _____ Date: _____

Approval or denial shall be based on VUSD Board Policy and Administrative Regulation 6145.6(a).