

Waynesville R-VI School District Foreign Exchange Student Application for Enrollment

For Office Use Only				
Date Received:				
Date Reviewed:				
Approved (yes/no):				

This form must be completed and submitted to the Waynesville High School principal's office. Applications will be accepted between December 1st and June 10th for the upcoming academic year (see website for additional guidelines).

Host Family Information:				
Name (s):				
Address:				
City:			Zip:	
Phone:				
e-mail:		· · · · · · · · · · · · · · · · · · ·		
Names, ages and school building of host f	amily children attendi	ng the schools	n the district:	
<u>Name</u>	<u>Age</u>	<u>)</u>	School Building	
Foreign Exchange Student				
Name:		Age:	(Student age	minimum is 16
Address:	City:			
Country:	Phone No.:			
Sponsoring Agency/Individual:				
Check courses that student has complete	ted. (verified from off	icial transcript)		
English	Number of v	erified units		
Science	Number of verified units			
Social Studies	Number of verified units			
Physical Education	Number of verified units			
Native language class	Number of v	erified units		
Does the student have a J-1 Visa?			Yes	No
Does the student speak fluent English*?	•		Yes _	
Does the student plan on playing a MSHSAA sport?			Yes _	
Has the student complied with all U.S. and MO immunization requirements?				No

The Waynesville R-VI School District does not discriminate on the basis of race, color, national origin, sex, age, religion, disability or status as a veteran, including a Vietnam-era Veteran, in admission/access to, or treatment/employment in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Any person(s) having inquiries concerning the non-discrimination policies and compliance with the regulations implementing federal legislative requirements is directed to contact the building level principal or the assistant superintendent for personnel services 200 Fleetwood Drive, Waynesville, MO 65583, (573)842-2094, (Title VI, Title VII and ADA, Age Discrimination Act, Boy Scout Access), or the director of special services, (573)842-2007 (Section 504), 200 Fleetwood Drive, Waynesville, MO 65583, or RELAY MISSOURI 800-735-2966.

We ______, acting as host family, assume full responsibility for _____ while she/he is residing with us. Weare not sponsoring this student for personal profit and will ensure that all of the policies, rules and regulations of the Boardare followed. Date Signature of head of host family

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Host Family Acknowledgement