



DISTRICT _____
A MEMBER OF
CENTRAL STATES ROTARY YOUTH
EXCHANGE PROGRAM, INC
SCHOOL ENROLLMENT FORM
For students arriving in August



Student Name _____ From _____
 has been accepted for enrollment in a full course of study at

Name of School _____

Street address (NO PO BOXES!) _____ City _____ State _____ Zip _____
 for the 42____/42____ "academic year0

This student _____ completed secondary school in his/her home country.
 (has) (has not) insert one

* * * * *

Host Family Name _____

Street address _____ City _____ State _____ Zip _____
 has agreed to be host parent/s, and
 _____ of the Rotary Club of _____
 Youth Exchange Officer

Street address _____ City _____ State _____ Zip _____
 Phone Number (____) _____ email _____
 has agreed to provide the family, student and school with
 any support they may require during the course of the year.

* * * * *

I, _____, _____, do hereby agree to enroll the above student
 Print Name Title

for the _____ academic year. I also agree that all tuition costs, if any, have been waived. And
 I certify that this high school is accredited by the regional accrediting agency.

 Signature Date

The school has received the student's transcript in English. Yes No

Contact information for **Central States Rotary Youth Exchange Program, Inc.:**
 Phone: 309-368-1092, Email: info@csrye.org
 Contact information for **United States Department of State, Office of Designation:**
 Phone: 202-632-2805, Email: designationSSSP@state.gov

Be sure to provide a copy of this form to the school