

EXCHANGE STUDENT TRANSFER

I, _____, am the host-parent of
(Parent/Guardian Name)

_____, a foreign exchange-student seeking to enroll in
(Exchange Student Name)

the Farmington R7 School District (District) and compete in athletics, and am authorized to make educational decisions for the student.

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**Exchange Student Information**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

List all schools the student has attended during the past 365 days:

|        |                 |                 |
|--------|-----------------|-----------------|
| _____  | _____           | _____           |
| School | Enrollment Date | Withdrawal Date |
| _____  | _____           | _____           |
| School | Enrollment Date | Withdrawal Date |
| _____  | _____           | _____           |
| School | Enrollment Date | Withdrawal Date |

Date the Student began living with the Host-Family: \_\_\_\_\_

First Date of attendance at FHS \_\_\_\_\_

What sports did the student participate in the last 365 days? \_\_\_\_\_

What is the highest grade for high school in your home country?

9       10       11       12       13       14

If you were in your host country this school year, what grade would you be in?

9       10       11       12       13       14

Have you attended any other high school in America?    Yes       No

Have you graduated from a 4 year high school or it's equivalent in your home country?    Yes       No

Were you in any disciplinary trouble at your home high school? Yes  No

Sport you want to play? \_\_\_\_\_

**Home Country Family Information**

Name \_\_\_\_\_

Street # and Street name \_\_\_\_\_

City \_\_\_\_\_

State/Province/Region \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_



**Host Family Information**

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone #'s \_\_\_\_\_

Is anyone in the host household a member of the coaching staff at FHS? Yes  No



**Area Exchange Representative**

Name of the Exchange Program \_\_\_\_\_

Exchange Program Area Representative \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**I understand and acknowledge that untrue or inaccurate information could cause an exchange student to be ruled athletically ineligible for 365 days and cause an exchange student's athletic team(s) to forfeit all contests the exchange student participates in. I further understand and acknowledge that any ruling of ineligibility would follow the exchange student to any MSHSAA school he/she transfers to during the period of ineligibility.**

**I hereby certify that all information I have provided in this Statement is true, accurate, and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of Exchange Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Host-Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Host-Parent

\_\_\_\_\_  
Date