

WEBER SCHOOL DISTRICT
Gina Butters, Superintendent
Foreign Student Exchange Agency Assurance Form

The (agency) _____ will comply with the following requirements for participation with Weber School District for the _____ school year.

My initials as the local agency representative, verifies our agency will comply with the requirements listed below:

_____The agency has complied with all applicable policies of the Weber District Board of Education regarding foreign students;

_____A household study, including a background check of ALL adult residents, has been made of each household where an exchange student is to reside, and that the study was of sufficient scope to provide reasonable assurance that the exchange student will receive proper care and supervision in a safe environment;

_____The host parents have received training appropriate to their positions, including information about enhanced criminal penalties, under Utah Code subsection 76-5-406(10), for persons who are in a position of special trust;

_____A representative of the exchange student agency shall visit each student's place of residence at least once each month during the student's stay in Utah;

_____The agency will cooperate with school and other public authorities to ensure that no exchange student becomes an unreasonable burden upon the public schools or other public agencies;

_____Each exchange student will be given in the exchange student's native language names and telephone numbers of agency representatives and others who could be called at any time if a serious problem occurs;

_____Alternative placements are readily available so that no student is required to remain in a household, if conditions appear to exist which unreasonably endanger the student's welfare.

Agency Representative (Print name)

Agency Representative Signature

Date

On _____ day of _____ ; 20 , _____
personally appeared before me,

_____Who is personally known to me

_____Whose identity I proved on the basis of _____

_____Whose identity I proved on the oath/affirmation of, a credible witness

to be the signer of the above document; and he/she acknowledged that he/she signed it.

State of _____
County of _____

Notary Public _____