

Weber School District Foreign Exchange Student Application
(Please type or print)

What Weber District school does the student hope to attend?

Student Name:

Last _____

First _____

Middle _____

Date of Birth: _____ Age at start of coming school year _____ Sex _____

How many years of schooling has the student completed, not counting kindergarten? _____

Country: _____

Agency _____

Agency Representative(s) _____

Day Phone(s) _____ **Evening Phone(s)** _____

Fax _____ Email _____

Host parent's name(s): _____

Host parent's address: _____

Host parent's day phone(s): _ Father - _____ Mother - _____

Host parent's evening phone(s): Father _ - _____ Mother - _____

Date student expects to enter our school: _____

Date student expects to leave our school: _____