



CURRICULUM AND PROFESSIONAL DEVELOPMENT DIVISION

K-12 Science, Health and Foreign Language

3950 S Pecos McLeod, Suite 2D

Las Vegas, NV 89121

(702) 799-8404 Office

(702) 855-9773 Fax

Foreign Exchange Student Application Form

School Year _____ Full Year _____ Half Year _____

Entering Fall Semester _____ Entering Winter Semester _____

Please type or print clearly and submit to the Foreign Language office.

Include:

- Two copies of completed student application,
• English Proficiency test score (if required)
• Proof of reference checks for the host family.

Student Name: _____

Home Country: _____ Birth Date: _____ Age: _____

Zoned High School: _____

Does the student or host family intend to seek a Zone Variance or entry into a CCSD Magnet Program?

_____ No _____ Yes Where? _____

Natural Parent(s): _____

Home Country Address: _____

Host Parents: (If the student is being placed in a single-parent host family, Form F-010 must be submitted with this form.)

Host Parent Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other: _____

Will this family be hosting more than one student at a time? _____ No _____ Yes (Please submit documentation)

Foreign Exchange Organization: _____

Local Representative: _____

English Proficiency Test Name: _____

Proficiency Test Score: _____ (Not required for students from Denmark, Finland, Germany, Greenland, Iceland, Netherlands, Norway, and Sweden)