



Foreign Exchange Student Placement Change

Student Name: _____

School: _____

Foreign Exchange Program: _____

Program Representative: _____

(Complete all sections that apply):

Host Family Change

New Host Parents: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other: _____

School Change *(If change is due to a Zone Variance, a copy of the Request for Zone Variance CCF-836 must be submitted.)*

Current School: _____

New School: _____

Placement Cancellation or Withdrawal from CCSD schools

Date Withdrawn from School: _____

Moving to program out of state _____ Returning to home country _____ Other _____
(explain below)

Reason for Change

Please explain in as much detail as possible the situation which precipitated this change. (Please print.)

Submitted by: _____ Date: _____