



SCHOOL ACCEPTANCE FORM FOR HIGH SCHOOL EXCHANGE STUDENTS

This is to officially confirm that _____ ,
Last Name First Name
born on ____/____/____ from _____ ,
Name of Foreign Country
participating in the AFICE High School Student Exchange Program has been accepted to
attend tuition free _____ ,
Name of High School

Street Address City State Zip Code

for the school year _____

School beginning date ____/____/____ School ending date ____/____/____
Month Day Year Month Day Year

Signature of Authorized School Official

Please print name and title of above Authorized School Official

Date ____/____/____
Month Day Year

FOR AFICE USE ONLY

Verbal approval received from _____
Name of School Official

Date ____/____/____
Month Day Year

****Please note that the signature of the school official must be obtained prior to the student's arrival in the U.S.**