



# Academic Foundation *for* International Cultural Exchange

7242 La Jolla Boulevard, La Jolla, California, 92037  
Telephone: (858) 455-0302 Fax: (858) 455-0335

## **SCHOOL ACCEPTANCE FORM FOR HIGH SCHOOL EXCHANGE STUDENTS**

Student: \_\_\_\_\_  
Last Name First Name Date of Birth

from \_\_\_\_\_  
Country of Nationality or Legal Permanent Residence

Host Family: \_\_\_\_\_

Residing at: \_\_\_\_\_  
Street Address City State Zip Code

**This is to officially confirm that the above-named student, participating in the AFICE High School Student Exchange Program, and who will be living with the host family identified above, has been accepted to attend tuition free** \_\_\_\_\_,  
Name of School or District

\_\_\_\_\_  
Street Address City State Zip Code

for the school year \_\_\_\_\_. School beginning date \_\_\_\_\_ School ending date \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized School Official

\_\_\_\_\_  
Please print name and title of above Authorized School Official

Date \_\_\_\_\_