



## Hernando County School District Foreign Exchange Student Program District Application Form (A2)

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Last Grade Level Completed: \_\_\_\_\_ \* High School Diploma/Certificate Received: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Students who have earned a high school diploma or certificate in their country cannot enroll.**

Sponsoring Organization Name: \_\_\_\_\_

U.S. Dept. of State sponsored organization: Yes \_\_\_\_\_ No \_\_\_\_\_

Area Representative: \_\_\_\_\_  
(Last) (First) (Middle)

Phone Number/Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Host Family Name: \_\_\_\_\_  
(Last) (First) (Middle)

Host Family's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Housing Commitment: First Semester \_\_\_\_\_ Second Semester \_\_\_\_\_ Full Academic Year \_\_\_\_\_

Zoned School: \_\_\_\_\_

Anticipated Date of Enrollment: \_\_\_\_\_

Student will be enrolled for: First Semester \_\_\_\_\_ Second Semester \_\_\_\_\_ Full Academic Year \_\_\_\_\_

Area Representative Signature: \_\_\_\_\_

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