



**Office of Student
Assignment**

6201 Powers Ferry Rd., NW
Atlanta, GA 30339
470-254-5550 (Office)
studentassignment@fultonschools.org

FALL Enrollment applications are accepted

May 1 – May 15

SPRING Enrollment applications are
accepted
September 15-30

APPLICATION FOR ENROLLMENT - FOREIGN EXCHANGE STUDENT

PART 1 – Student Information

****NOTE: Student must be at least 15 but not exceed 18 years on September 1****

Student Name: _____

Current Grade Level 9
(select one) : 10

Address: _____

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12

City: _____ Country: _____

School currently attending:

Date of Birth: ____/____/____
 MONTH DAY YEAR

Email: _____

(Note: Student must not have graduated from high school or an equivalent institution prior to enrollment)

The student is or will be entering the United States on an F-1 Visa: ____ Yes ____ No

Special Needs/Concerns:

PART 2 – Foreign Exchange Agency Information

Name of Organization: _____

Name of Local Representative:

Address: _____

Telephone: _____

Alternate #: _____

City: _____ State: _____ Zip: _____

Email: _____

This organization is listed as an agency approved by the State Department of United States Government or the Council of Standards for International Educational Travel. ____ Yes ____ No

We agree that the local representative of the Foreign Exchange Program will confer with the High School Principal or designee throughout the student’s attendance in the District on a schedule to be determined by the Principal. ____ Yes ____ No

Part 3 – Host Family Information

****NOTE: The host family must reside within the Fulton County Schools district. The student must continuously reside in the District during the period of attendance. ****

Host Family
Parent/Legal Guardians: _____

Address: _____

City: _____ State: GA Zip: _____

School Attendance Zone: _____

Telephone: _____ Email: _____

Alternate #: _____

PART 4 – Application Requirements

- Attached to this application are the following documents:
 - _____ Copy of student’s passport
 - _____ English proficiency statement signed by the agency representative
 - _____ Official transcript of school records with a translation signed by the translator
 - _____ Medical or Immunization forms (Student must be up-to-date on Georgia required immunizations in order to enroll)

Note: If accepted, admission is subject to receipt of documentation to meet requirements related to immunization, physical examination and visual evaluation.

Please note that the Office of Student Assignment will determine if schools have available space before enrollment is accepted.

Student Signature Date: _____

Parent Signature Date: _____

(FOR SCHOOL USE)
Decision of Application

Decision: _____ Accept
_____ Deny

Notes:

Authorized Signature & Title

Date