ILLINOIS HIGH SCHOOL ASSOCIATION

FOREIGN EXCHANGE STUDENT PROGRAM
APPROVAL FORM

2020-21 SCHOOL YEAR
Please provide the following general information about your program.

Program  
________________________________________________________

1. Does this program place students in public schools? ______________

2. Does this program place students in private schools? ______________

3. If yes to no. 2, does the program have a separate private school placement program? ________________________________

4. If yes to no. 3, a second application for the private school placement program must be completed. Please contact the IHSA office for the second application.

Contact  
(list position)  ____________________________________________

Address  
________________________________________________________

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________________________________________________________

Phone  
________________________________________________________

________________________________________________________

Fax  
________________________________________________________

________________________________________________________

E-mail  
________________________________________________________

________________________________________________________

Website  
________________________________________________________
In the space provided, please provide an outline of the placement process for students, from initial contact to final placement. Use additional pages as necessary. Please submit blank copies of any forms used as a part of the placement process.
In the space provided, please provide a description of the process local or area representatives must follow in the placement of students. Use additional pages as necessary. Please submit blank copies of any forms used as a part of the placement process.
Foreign Exchange Student Program
Approval Form

Part 3  Contact Information for area or local representatives

In the space provided, list names, addresses, and telephone numbers of all local or area representatives responsible for student placement. Use additional pages as necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number(s)</th>
<th>Date of Training</th>
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In the space provided, please list the training materials provided to local or area representatives which assist them in the placement process. Additionally, copies of those materials and documentation that verifies all required training has been completed must be attached with this form.

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In the space provided, please provide a description of the process used by the program to identify and secure local or area representatives. Use additional pages as necessary. Please submit blank copies of any forms used as a part of the placement process.
In the space provided, please provide a description of the process used by the program to identify and secure host schools. Use additional pages as necessary. Please submit blank copies of any forms used as a part of the placement process.
In the space provided, please provide a description of the process used by the program to identify and secure host families. Use additional pages as necessary. Please submit blank copies of any forms used as a part of the placement process.
In the space provided, please describe the procedures for follow up with local or area representatives to ensure that the program’s placement process has been followed. Use additional pages as necessary. Please submit blank copies of any forms used as a part of the placement process.
In the space provided, please describe the procedures for post placement follow up with the local or area representatives and the students placed by the program. Use additional pages as necessary. Please submit blank copies of any forms used as a part of the placement process.