7242 La Jolla Blvd La Jolla, California 92037 www.afice.org



Fax: (858) 455-0335

Telephone (858) 455-0302

SCHOOL ACCEPTANCE FORM FOR HIGH SCHOOL EXCHANGE STUDENTS

This is to officially confirm t	hat			,
•	Last Name		First Nam	e
born on//	from			,
		Name o	of Foreign Country	
participating in the AFICE	High School Stu	ident Exchange	Program has	been accepted to
attend tuition free				
	Na	me of High School		,
Street Address		City	State	Zip Code
		,		,
for the school year				
School beginning date Month		School end	ding date	
Month	Day Year		Month	Day Year
		Signature of Authorized School Official		
	-	Please print name a	and title of above A	uthorized School Official
			Date	e// Month Day Year
				Month Day fear
	— FOR AFIC	E USE ONLY		
Verbal approval received f	rom			
tersar approval received .	Name of S	chool Official		
Date // Month Day / Year				
Month Day Year **Please note that the signature	of the school officia	l must be obtained	nrior to the stude	nt's arrival in the 11 S
**Please note that the signature	of the school officia	ı must de optained	prior to the stude	nt s arrivai in the U.S.