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



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DOUBLE PLACEMENT AGREEMENT

Student Name: _	First		Last	
Country:			Date of Birth:/	Day Year
same home.	above student to be placed in a dou	ıble placement with a s	student from another	language region in the
Signed:				
Natural Father: _	First	Last	Date://	Year
Natural Mother:	First	Last	Date://	Year
Student: _			Date :/	_/
	First	Last	Month Day	Year