

DIFFERENT SCHOOLS DOUBLE PLACEMENT AGREEMENT FORM
(ACTUAL LETTER MUST BE PLACED ON SCHOOL'S LETTERHEAD)

The Administration of _____ is aware that the below host family has offered hospitality to two exchange students and that one of these students will be attending our school.

Academic Year 20 - 20

Full Year

Fall Semester

Spring Semester

1. Student Name (*attending our school*):

Home Country: _____ Age: _____

Gender: Male Female

Host Family Name & Address:

2. Other Student Name (*attending elsewhere*):

Home Country: _____ Age: _____

Gender: Male Female

School: _____

The Administration of _____ acknowledges and accepts this double placement.

Principal Name (*or approving officer & position*): _____

Principal Signature (*or approving officer*): _____ (date)