SCHOOL ACCEPTANCE FORM

NACEL OPEN DOOR
380 Jackson Street, Ste. 200
St. Paul, MN 55101
Toll Free: 1-800-622-3553
Fax: 651-686-9601
www.nacelopendoor.org

Dear Principal,

Please sign this acceptance form to acknowledge that the exchange student below may be enrolled in your school for the term indicated. Students should be registered for a full course of study for the duration of their enrollment. With your signature you agree tuition will be waived unless an amount is specified in the space provided.

Our school agrees to enroll the exchange student named below for the 20_____ - 20_____ school year for a period of:

□ 5 months □ 10 months □ 12 months beginning in the month of: □ Aug □ Jan

Student has graduated in home country: □ Yes □ No

Student's First Name_____ Last Name_____

Gender_____ Birth Date_____ Home Country_____

We understand that the sponsoring organization, Nacel Open Door, is responsible for host family placement, health and accident insurance, and visa status. In addition, we understand that the organization's local representative indicated below will be in regular contact and assist as need with any concerns about the student's performance, both academically and socially.

_____ _____ _____
Signature of Principal (or approving Staff Member) Title **Date**

_____ _____
Name of Principal Name of Staff Member in charge of Exchange Student enrollment

School _____ Accredited? □ Yes □ No

Address_____

City_____ State_____ Zip Code_____

Tel(_____)_____ Fax(_____)_____

Website_____ School enrollment (# of students)_____

1st Semester Start Date _____ 1st Semester End Date_____

2nd Semester Start Date_____ 2nd Semester End Date_____

Registration and fees (if applicable): $_____ Tuition (if applicable): $_____ per semester / year

Host Family Name _____
Address _____
City _____ State _____ Zip Code _____
Tel(_____)_____ Work Tel(_____)_____

Nacel Open Door Local Representative _____
E-mail _____ Tel(_____)_____

Nacel Open Door Area Coordinator _____
E-mail _____ Tel(_____)_____