



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

SCHOOL ACCEPTANCE FORM

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 Student has graduated in home country: Yes No

Student's First Name _____ Last Name _____
 Sex _____ Birthdate _____ 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 _____
 Address _____
 City _____ State _____ Zip Code _____
 Tel.(_____) _____ Fax(_____) _____
 Website: _____ School enrollment (# of students) _____
 Date School Begins _____ Date School Ends _____
 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 _____
 Address _____ Tel.(_____) _____
 City _____ State _____ Zip Code _____

Nacel Open Door Area Coordinator _____
 Address _____ Tel.(_____) _____
 City _____ State _____ Zip Code _____