

SINGLE PARENT PLACEMENT FORM



Name of Host _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Please list who – besides yourself – will be able to provide additional support to your exchange student while he/she is in the country. This includes neighbors, relatives, another local representative, close friends, school teachers, clergy, etc. Please include name and relationship.

Please list examples of your community involvement. This could include: volunteering, Rotary, 4H, other clubs you are a member of, church, etc.

Signature of local representative:

Printed name:

Date:

<p>For office use only</p> <p>Date reviewed: _____</p> <p>Reviewed by:</p> <p>_____</p>
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