



**PULASKI COUNTY SPECIAL SCHOOL DISTRICT**  
**Division of Equity and Pupil Services**

**Foreign Exchange Student/Visitor Exchange Program Application**

<b>APPLICANT INFORMATION</b>			
Last Name:	First:	M.I.:	Date:
Residing Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Phone:	E-Mail Address:		
Student Start Date:	Student ID Number:	Agency Number:	
English Proficiency Level:	Exchange Visitor Program:		
Home Country:		Ethnicity:	

<b>EDUCATION</b>			
Assigned High School:			
School Address:			
Enrollment Date:		Placement Grade:	Last Grade Completed:
Enrollment Duration:	From:	To:	
Special Needs or Accommodations:			
PCSSD Bus Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Walker Only – Permission To Walk: <input type="checkbox"/> Yes <input type="checkbox"/> No		Car Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>HOST FAMILY/ GUARDIAN INFORMATION</b>	
Host Family Name:	Phone: (   )
E-Mail Address:	Phone: (   )
Emergency Numbers:	
Program Sponsor:	Phone: (   )
Address:	
E-Mail Address:	

<b>FOR OFFICE USE ONLY</b>			
Approval By Assistant Superintendent:		Approval By Principal:	
Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No