

Foreign Student Exchange Agency Assurance Form

The _____, will comply with the following requirements for participation with Jordan School District for the _____ school year: (Initial each item below.)

_____ ^{Agency} The agency has complied with all applicable policies of the Jordan District Board of Education regarding foreign students (AS60 and AS66);

_____ A household study, including a background check of ALL adult residents, has been made of each household where an exchange student is to reside, and that the study was of sufficient scope to provide reasonable assurance that the exchange student will receive proper care and supervision in a safe environment;

_____ The host parents have received training appropriate to their positions, including information about enhanced criminal penalties, under Utah Code §76-5-406(10), for persons who are in a position of special trust;

_____ A representative of the exchange student agency shall visit each student's place of residence at least once each month during the student's stay in Utah;

_____ The agency will cooperate with school and other public authorities to ensure that no exchange student becomes an unreasonable burden upon the public schools or other public agencies;

_____ Each exchange student will be given (in their native language) names and telephone numbers of agency representatives and others who could be called at any time if a serious problem occurs;

_____ Alternative placements are readily available so that no student is required to remain in a household, if conditions appear to exist which unreasonably endanger the student's welfare;

_____ The agency understands that if for any reason, a student moves to a new host family, the agency will notify Planning and Enrollment prior to the move;

_____ The agency verifies that the host family is not a Welcome Family;

_____ The agency understands that THESE STUDENTS DO NOT QUALIFY FOR A HIGH SCHOOL DIPLOMA and has communicated this clearly to their student. (These students do not participate in graduation exercises; however, principals are encouraged to recognize them.)

My initials, as the local agency representative, verify our agency will comply with the requirements listed above.

PRINTED NAME Agency Representative

SIGNATURE Agency Representative

Date

State of _____

County of _____

Subscribed and sworn to before me on this _____ day of _____, in the year

20____, by _____
Agency Representative

Notary Public

(Seal)