

**CERTIFICATION**

I, \_\_\_\_\_ herewith certify that I and the organization I represent \_\_\_\_\_ will comply with the policies and regulations of the Clinton Community School District for as long as my organization wishes to place foreign exchange students in the Clinton Community School District. I understand that failure to comply will result in my organization being deleted from the list of approved organizations. I understand that failure to comply with the preceding regulations will mean the students, who are my responsibility, will not be accepted on a tuition-free basis.

Agency Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Local Representative: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Failure to provide any of the student enrollment information on or before July 15 prior to the school year in which the students is to enroll in the Clinton Community School district will result in students not being accepted.

**MUST BE RENEWED ANNUALLY**