

**FOREIGN EXCHANGE STUDENT  
ENROLLMENT CHECKLIST  
Deadline July 1**

**Students Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Local Coordinator:** \_\_\_\_\_

**Coordinator Phone:** \_\_\_\_\_ **Alt:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, Zip:** \_\_\_\_\_

**Host Family:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

- Academic Transcript (English Translation)**
- English Language Proficiency Assessment:**
- Name of Test:** \_\_\_\_\_ **Score:** \_\_\_\_\_
- Health/Immunization Records (English translation)**
- Copy of Power of Attorney Form**
- Proof of Full Health Insurance Coverage Acceptable in the U.S.A. and Iowa.**
- Host Family Placement Established**

\_\_\_\_\_  
**Organization Coordinator Signature** **Date**

**Approved for enrollment at Clinton High School by:**

\_\_\_\_\_  
**High School Principal** **Date**