



UINTAH SCHOOL DISTRICT

FOREIGN STUDENT EXCHANGE AGENCY ASSURANCE FORM

1. _____ Foreign exchange agency will comply with the following requirements for participation with Uintah School District for the 2008-2009 school year:
2. _____ Foreign exchange agency has complied with all applicable policies of Uintah School District Board of Education regarding foreign students (see policy 007.0125 Foreign Students);
3. _____ Foreign exchange agency conducted a household study, including a background check of ALL adult residents, 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;
4. _____ The foreign exchange host parents have received training appropriate to their positions, including information about enhanced criminal penalties, under Utah Code subsection 76-5-406 (10), for persons who are in a position of special trust;
5. _____ A representative of foreign exchange agency shall visit with each student's place of residence at least once each month during the student's stay in Utah;
6. _____ Foreign exchange 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;
7. _____ Each exchange student will be given in the exchange student's native language names and telephone numbers of foreign exchange agencies representatives and others who could be called at any time if a serious problem occurs;
8. _____ Foreign exchange agency has alternate placements readily available so that no students is required to remain in a household, if conditions appear to exist which unreasonably endanger the student's welfare.

My signature as the local foreign exchange agency representative, verifies the agency will comply with the requirements listed above:

Foreign Exchange Agency Name _____

Agency Address _____ Phone # _____

Agency Representative
(Print Name)

Agency Representative
(Signature)

____/____/____
Date

On _____ day of _____, 20____, _____ personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness to be the signed of the above document, and he/she acknowledged that he/she signed it.

State of _____
County of _____

Notary Public