High School Enrollment Form



Dear School Administrator: The AIFS Foundation's Academic Year in America (AYA) Program would like to request permission for the AYA student below to attend your high school during the coming academic year. The AIFS Foundation is authorized to issue a DS-2019 form to secure a J-1 Exchange Visitor Visa for this student. Regulations governing the Exchange Visitor Program of the United States Department of State require we receive a letter of acceptance from the host school. Your signature on this form will serve as a letter of acceptance for enrollment in your high school. More information can be found in our online <u>AYA High School Administrators Guide</u>: Thank you for your support of student exchange.

	Marking a Press	Church and an annual
AYA Student Number:	Nationality:	Student name:
Host Family Name:		
Address:		
Cell Phone:		Home Phone:
□ Student will be offered th	ne opportunity to graduate and	receive an official high school diploma. \Box No graduation or diploma offered.
Program Length (please che	ck one) 🗆 Full Year 🗆 August s	semester 🗌 January semester
School Start Date:	End Date:	January Semester Start Date:
School Name:		Principal:
Address:		
Contact/Foreign Study Advis	sor:Title:	
Telephone [.]		Empile
		Student name:
		Email:
		Email:
Local Coordinator:		
Local Coordinator:		
Local Coordinator: Address: Telephone:		Email:
Local Coordinator: Address: Telephone: <i>As a designated administrate</i>	or of the high school listed above	
Local Coordinator: Address: Telephone: <i>As a designated administrato</i> I certify that this public high	or of the high school listed above school is accredited by the app	Email: , <i>I accept this exchange student in our school for the current academic year or ser</i> ropriate accrediting agency and the student will not be required to pay tuition iate accrediting agency and the student will be required to pay tuition in the ar
Local Coordinator: Address: Telephone: <i>As a designated administrato</i> I certify that this public high I certify that this private scho of \$f Students arriving for the 202 requirements, or in order to	or of the high school listed above school is accredited by the app ool is accredited by the appropr for the Academic Semester or 25-26 academic year may need participate in a comprehensive	Email: , <i>I accept this exchange student in our school for the current academic year or ser</i> ropriate accrediting agency and the student will not be required to pay tuition iate accrediting agency and the student will be required to pay tuition in the ar
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Local Coordinator: Address: Telephone: <i>As a designated administrato</i> I certify that this public high I certify that this private scho of \$f Students arriving for the 202 requirements, or in order to later arrival is necessary. \Box Y Signature of School Adminis	or of the high school listed above school is accredited by the app ool is accredited by the appropr for the \Box Academic Semester or 25-26 academic year may need participate in a comprehensive (es \Box No	Email: Email:

www.academicyear.org

*If so desired, your school can be listed as an Additional Insured in the AYA liability policy. Contact AYA for more information.