



Double Placement Agreement for 2026-2027 Program

Year Host Family Statement

We, the _____ family agree to host
Host Family Name

_____ from _____
Student's Name Student's Country

and _____ from _____.
Student's Name Student's Country

We feel that we are both emotionally and financially capable of hosting two exchange students for the 2026-2027 program year.

Host Parent 1

Signature Date

Host Parent 2

Signature Date

AIFS Foundation/Academic Year in America

1 High Ridge Park, Stamford CT 06905

Tel: 203-399-5000 Fax: 203-724-1536

Website - <http://www.academyyear.org>