2024-2025 Foreign Exchange Agency Application

**Agency Name:** Click or tap here to enter text.

Corporate Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. Fax: Click or tap here to enter text.

**Designated Contact Person:** Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

**Local Representative (must be within 90 miles):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

**Is this program a member of the Council of Standards for International Education Travel (CSIET)?**

 [ ]  Yes [ ]  No If yes, what type of membership? [ ]  Full [ ]  Associate

**Is this program listed in the CSIET Advisory List?** [ ]  Yes [ ]  No

If yes, which Category? [ ]  Full [ ]  Provisional

**Is each host family interviewed in their home by sponsoring program agents?** [ ]  Yes [ ]  No

**Are host families compensated in any way?** [ ]  Yes [ ]  No

If yes, please explain how and to what extent: Click or tap here to enter text.

**What support services are provided to assist with program-related concerns, needs, and/or problems (ie, counseling services, medical care, and language concerns)?** Click or tap here to enter text.

**What are your intentions for placing students in the Randolph County School System?** Click or tap here to enter text.

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**Signature Title Date**

*(Please print the form and sign)*

**This form must be returned by January 31, 2024 to:**

Randolph County School System

Attn: Executive Director of Administrative Services for Students

2222-C S. Fayetteville Street

Asheboro, NC 27205

eashworth@randolph.k12.nc.us