



84 East 2400 North
North Logan, UT 84341
Phone (435) 752-3925
Fax (435) 753-2168
www.ccsdut.org

J-1 Foreign Exchange Agency Information Sheet

Date: _____

Agency Name: _____ Agency Contact Person: _____

Agency Office Telephone # _____ Agency Email: _____

Agency Address: _____

Local Rep Name: _____ Local Rep Cell #: _____

Local Rep Office #: _____ Local Rep Email: _____

Local Rep Address: _____

Area Rep Name : _____ Area Rep Cell #: _____

Area Rep Address: _____

Return these documents required for your organization to participate in foreign student exchange:

- This form
- Notarized J-1 Foreign Exchange Agency Assurance Form
- CSIET Certification of Acceptance
- Certificate of Completion for Local Coordinator Training

Thank you

Cache County School District



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J-1 Foreign Exchange Sworn Affidavit of Assurances

The _____ (agency) will comply with the following requirements for participation with Cache County School District foreign exchange J-1 placements for the _____ school year.

_____ The agency is in compliance with all applicable policies of the LEA governing board.

_____ The agency has completed a household study, including a background check consistent with Section 53G-6-707, of all adult residents of each household where foreign exchange students will reside.

_____ The agency has reviewed the information revealed through the background checks required by Subsection (b) with an appropriate LEA official.

_____ The agency has completed a background study to assure that the exchange student will receive proper care and supervision in a safe environment.

_____ The agency has provided host parents with training appropriate to their positions, including information about enhanced criminal penalties under Subsection 76-5-406(10) for persons who are in a position of special trust.

_____ The agency will send a representative to visit each student's place of residence at least monthly during the student's stay in Utah.

_____ The 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.

_____ The agency will give each exchange student names and telephone numbers of agency representatives and others who could be called at any time if a serious problem occurs, in the exchange student's native language.

_____ The agency will provide alternate placements so that no student is required to remain in a household if conditions.

My Initials on the previous page as well as my signature below verify that I, as the local agency representative, will comply with the requirements listed on the previous page.

Agency Representative (Print Name)

Agency Representative Signature

Date

On this _____ day of _____, 20_____

_____ personally appeared before me, proved on the basis of satisfactory evidence to be the person whose name is subscribe to this instrument, and acknowledged they executed the same. Witness my hand and official seal.

Notary Public _____

State of _____

County of _____