WASHINGTON COUNTY SCHOOL DISTRICT
J-1 FOREIGN STUDENT APPLICATION FOR ADMISSION & AGENCY ASSURANCE
-Acceptance is for ONE school year only in a public high school anywhere in the U.S.-

1. Send completed application to:
Washington County School District
Office of Student Services; Attn: Jan Prince
121 W Tabernacle St.
St. George, UT 84770

Allocations are provided by the Utah State Office of Education (USOE) approximately April 1st.
Applications will be accepted beginning April 1st; cutoff is June 1st.
No more than 2 students per agency will be placed at any one high school.
Please prioritize applications as no one agency may not occupy more than ½ of the allocated openings; however, consideration may be given if all slots are not filled by June 1st.

2. Agency Foreign Exchange Assurance
☐ The agency, organization or program must be approved by the Council on Standards for International Educational Travel (CSIET), and the Washington County School Board. Certificate must be submitted.
☐ The agency, organization or program must complete the Washington County School District’s sworn affidavit of assurances (p. 2) as prescribed in state law and board policy

3. Specific requirements (MUST be submitted with completed application):
☐ Student should be 17 years or younger as of September 1 of the year intending to enroll in school. Student must also be 15 years or older (high school age)
☐ Must be able to provide PROOF of English proficiency: A reliable record of English language proficiency, such as: English oral, reading and writing proficiency on a standardized English test; grades from an English class on an official transcript; or a letter of recommendation from an English teacher or private English instructor. Student will be enrolled in all English classes.
☐ High School transcripts
☐ Copy of Passport
☐ Student Immunization Records
☐ Student must be here 10 days prior to school starting; school starts August 11, 2022 and ends May 25, 2023

4. When student arrives at Washington County School District:
☐ Present passport to District Office
☐ TB Test completed in the United States (48 hour waiting period before registration)
☐ Show proof of major medical coverage

5. Financial Items:
☐ Payment of additional registration fees at the school (approximately $150)
☐ Payment of school lunch fees, if desiring school lunch.
SWORN AFFIDAVIT OF ASSURANCES

Agency or program has complied with the following requirements:

A household study, including a background check of all adult residents in each household where an exchange student is to reside;

☐ A background study assures that the exchange student will receive proper care and supervision in a safe environment;
☐ 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;
☐ A representative of the exchange student agency shall visit each student’s place of residence at least monthly during the student’s stay in Utah;
☐ The agency shall cooperate with school and other public authorities to ensure that no exchange student becomes an unreasonable burden upon the district or other public agencies;
☐ Each exchange student will be given in the exchange student’s native language names and telephone numbers of agency representatives and others who could be called at any time if a serious problem occurs, and;
☐ Alternative placements are readily available so that no student is required to remain in a household if conditions appear to exist, which unreasonably endanger the student’s welfare.

☐ I have read and understand the Washington County Student Enrollment Policy 2920.

Agency/Program Name: ________________________________________________________________

Phone: ___________________ Email: ________________________________________________

_________________________________________ ________________________________
Agency Representative Date

ACKNOWLEDGEMENT

State of ____________________________ County of ____________________________

On this __________________day of __________, 20____.

Personally appeared before me,

_____ who is personally known to me,
_____ whose identity I verified on the basis of ________________________________
_____ whose identity I verified on the oath/affirmation of ___________________________ a credible witness, to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.

_________________________________________ ________________________________
Notary Signature My Commission Expires