



## 2020-2021 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.

\_\_\_\_\_  
**Signature**

*(Please print the form and sign)*

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**This form must be returned by January 31, 2020 to:**

Randolph County School System

Attn: Director of Administrative Services for Students

2222-C S. Fayetteville Street

Asheboro, NC 27205

eashworth@randolph.k12.nc.us