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Office of the
President



**American Intercultural
Student Exchange**
A non-profit tax exempt educational Foundation

**SCHOOL ACCEPTANCE FORM
FOR HIGH SCHOOL EXCHANGE STUDENTS**

This is to officially confirm that _____,
Last Name First Name

Born on ____/____/____ from _____,
Month Day Year Name of Foreign Country

participating in the AISE High School Student Exchange Program has been accepted to attend
tuition free for the school year _____,

Name of High School

Street City State Zip Code

Telephone: _____ Fax: _____

School beginning date ____/____/____ School ending date ____/____/____
Month Day Year Month Day Year

Signature of Authorized School Official

Please print name and title of above Authorized School Official

Date

Verbal Agreement by _____ Title _____