



# Lake Oswego School District 7J

P.O. Box 70, 2455 Country Club Rd.  
Lake Oswego, Oregon

## Foreign Exchange Program Application

Exchange Organization \_\_\_\_\_

Program Coordinator \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Local Representative \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Countries Served \_\_\_\_\_

PLEASE ATTACH/EMAIL application plus these items to eden.armstrong@loswego.k12.or.us:

- A copy of Certificate of Insurance
- A copy of the most recent program brochure
- A copy of certificate from CSIET Certificate of Acceptance and/or CSIET Advisory List brochure listing the Exchange Program/Organization

### AGREEMENT OF UNDERSTANDING

I understand and agree to abide by the policies and procedures set forth by the Lake Oswego School District in the Procedures and Guidelines for Enrolling Foreign Exchange Students.

\_\_\_\_\_  
Signature of program representative

\_\_\_\_\_  
Date

**FOR LOSD USE**

Approved

Denied

Comments:

\_\_\_\_\_  
Executive Director of Secondary Programs

\_\_\_\_\_  
Date



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December 2021

Dear Exchange Program Representative,

Please include a Certificate of Insurance with your Foreign Exchange Program Application. If the policy dates do not indicate coverage for the entire school year, the District needs assurance that your organization will have continued coverage while the student(s) attends Lake Oswego School District. Please send policy updates as you receive them so the information in your program's application file is current.

Please return this letter with the signature of the appropriate program staff along with your program application.

Thank you for your assistance.

Lou Bailey  
Executive Director of Secondary Programs

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I \_\_\_\_\_, certify that the \_\_\_\_\_ student exchange program has obtained sufficient insurance to pay claims attendant to illness, accident, or death of an exchange student and possible liability of the host family. Additionally, I certify the insurance coverage will remain in effect throughout the 2022-23 school year.

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Signature of program representative

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Date