

RETURN COMPLETED FORM BY SEPTEMBER 30
OF THE YEAR STUDENT WILL BE AWAY TO:
 International Education Services Branch
 Strategic Services and Governance Division
 Alberta Education
 Main Floor, 10044 -108 Street, Edmonton, AB T5J 5E6
 Fax: (780) 644-2284 • Phone (780) 427-2035
 Originals must be sent by mail.



RECIPROCAL STUDENT EXCHANGE APPROVAL FORM

The personal information collected in this application is pursuant to provision 33(c) of the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, cF-25. and will be used to verify the reciprocal nature of the exchange and administer funding to the Alberta school jurisdiction. This information will be used in accordance with the Freedom of Information and Protection of Privacy Act. Should you have any questions regarding this collection, please contact International Education Services, Alberta Education, Main floor, 44 Capital Boulevard, 10044 - 108 Street, Edmonton, Alberta T5J 5E6, (780) 427-2035.

The following students are participating in a reciprocal student exchange.

	Alberta Student	Partner Student
Name:		
Date of Birth: (day/month/year)		
Alberta Student No:		n/a
Home Address:		
Home Phone No.:		
Home School: Please include the address, phone number and name of the principal		
Destination School (if not the home school of the partner student): Please include the address, phone number and name of the principal		
School Jurisdiction or Other Authority:		
If in high school, indicate year in high school the exchange is taking place		

Name of Student Exchange Program/Exchange Organization: _____

Exchange Organization Contact Information: _____
Contact person (name) Telephone number Email address

Date of Alberta student's departure: _____ Date of Alberta student's return: _____
Day/Month/Year Day/Month/Year

Date of partner student's arrival: _____ Date of partner student's departure: _____
Day/Month/Year Day/Month/Year

Approval of Alberta Parent(s) or Legal Guardian(s):

Signature Date

Signature Date

Approval of Parent(s) or Legal Guardian(s) of Partner Student: If an original signature(s) is not available, attach an alternate signed document(s) as evidence of parental or legal guardian approval student's participation in this exchange.

Signature Date

Signature Date

Approval of Principal: (from the Alberta student's home school)

Approval of the Jurisdiction: (Secretary Treasurer or designate)

Signature Date

Signature Date

FOR OFFICE USE ONLY: The International Education Services Branch agrees that this exchange meets the requirements of a reciprocal exchange program, as defined by the *Funding Manual for School Authorities*, and recommends that funding be disbursed.

Signature: _____ Date: _____