

RETURN COMPLETED FORM BY SEPTEMBER 30 OF

THE YEAR STUDENT WILL BE AWAY TO:

International Education Services Branch

Education and Childcare

Main Floor, 10044 -108 Street NW

Edmonton, AB T5J 5E6

Phone (780) 427-2035

Please send signed document by mail to above

address or email to: edc.intl-ed-sec.m@gov.ab.ca.



RECIPROCAL STUDENT EXCHANGE APPROVAL FORM

The personal information collected in this application is for the purpose of ensuring that Alberta students participating in one-to-one international exchanges remain eligible for provincial education funding while studying abroad. This collection is authorized by section 4 of the Protection of Privacy Act. For questions about the collection of personal information, please contact International Education Services, Education and Childcare, 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: