

RETURN COMPLETED FORM TO:  
 International Education Services Branch  
 Program Development and Standards Division  
 Alberta Education  
 2nd Floor, 10044 -108 Street, Edmonton, AB T5J 5E6  
 Fax: (780 ) 644-2284 • exchange.programs@gov.ab.ca  
 Originals must be sent by mail.

**APPLICATION FOR APPROVAL  
 OF RECIPROCAL STUDENT EXCHANGE**

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 the Director of International Education Services, Alberta Education, 2nd 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:		

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: \_\_\_\_\_