



Douglas County School District RE-1
620 Wilcox Street
Castle Rock, CO 80104

HOST INFORMATION FORM FOREIGN EXCHANGE STUDENTS

INSTRUCTIONS FOR RETURNING THE COMPLETED FORMS

REQUEST FOR ENROLLMENT: (to be filled out by Host(s))

The Host Information form should be completed by the person being appointed the Host(s) through the Foreign Exchange Organization (FEO) for the Foreign Exchange student. The signature(s) on the form must be notarized.

Please complete Page 1 of 4 and Page 2 of 4. Return the completed form along with a copy of the foreign exchange student's birth certificate (must be translated into English). You can fax or mail the completed documents to the number or address below. As soon as they are received and approved, the appropriate school will be notified to proceed with registration.

Return to: Douglas County School District RE-1
Attention: Student Data & Information Services - FE/TG
701 Prairie Hawk Drive
Castle Rock, CO 80109
(720) 433-0131 FAX

POWER OF ATTORNEY: (to be filled out by the FEO)

The Power of Attorney (Page 3 of 4 and Page 4 of 4) will be completed by the Foreign Exchange Organization (FEO). Due to the parents giving the organization their power of attorney while their child is attending school in the United States, the organization will identify who the Host(s) will be while the student is attending one of the District schools. A copy of the FEO's power of attorney from the parents must also be provided to the School District. A certified translated birth certificate must also be provided to the district before approval can be given. The Power of Attorney may not exceed a period of twelve (12) months.

ENROLLMENT PROCESS

1. The person wishing to be the Host(s) MUST be a resident of Douglas County School District RE-1 and show proper identification (copy of warranty deed, lease agreement, tax notice or other proof of residence).
2. The Host(s) must submit to the School District a Power of Attorney executed by the FEO that delegates parental powers to the Host(s) in compliance with applicable provisions of Colorado probate law.
3. The FEO must execute the Acknowledgment of Enrollment Procedures form.
4. To obtain appropriate authorization from school district officials, the Host(s) must complete and sign the Host Information form and return this form with the Power of Attorney and Acknowledgment to the District.
5. As the Power of Attorney will NOT exceed twelve (12) months, the process will need to be repeated if continued enrollment is desired.



DOUGLAS COUNTY SCHOOL DISTRICT RE-1

HOST INFORMATION FORM FOREIGN EXCHANGE STUDENTS

STUDENT INFORMATION

STUDENT'S NAME:

DATE OF BIRTH: COUNTRY:

DCSD SCHOOL: GRADE:

NAME OF PARENTS

FOREIGN EXCHANGE ORGANIZATION (FEO) INFORMATION

FEO NAME:

FEO ADDRESS:

FEO CONTACT:

PHONE NUMBER: EMAIL:

HOST(S) INFORMATION

HOST(S):

ADDRESS:

PHONE: EMAIL:

In connection with this Request, I make the following representations:

1. The care and custody of the student listed above has been temporarily placed in my control by a Power of Attorney executed by the foreign exchange student's parents through the indicated Foreign Exchange Organization's Power of Attorney.
2. I am a resident of the Douglas County School District RE-1.

**HOST INFORMATION FORM
FOREIGN EXCHANGE STUDENTS
(Continued)**

3. The foreign exchange student listed above will be in my care and custody and living at my home (the address listed above) during the term of this guardianship. The student will be regularly eating and sleeping at my home during the school year and will not regularly be returning to another dwelling place during the school year.

I understand and agree that the student listed above may be immediately withdrawn from the Douglas County School District RE-1 if the provisions and requirements of the enrollment as set out above are not met for any period of time.

Dated: _____
 Host (Print or Type Name) Signature of Host (must be signed in front of Notary)

Dated: _____
 Host (Print or Type Name) Signature of Host (must be signed in front of Notary)

STATE OF COLORADO)
) ss:
 COUNTY OF _____)

The foregoing instrument has been subscribed and affirmed, or sworn to before me this _____ day of _____, 20____, by _____
 Signer(s) Name(s) - **Not the Notary's Name**

Witness my hand and official seal.

 NOTARY PUBLIC

My commission expires: _____

(NOTARY SEAL)

DISTRICT OFFICIAL

I authorize this Host Information Form.

 Student Records Official (printed name and signature) Date

POWER OF ATTORNEY - FOREIGN EXCHANGE STUDENTS



STATE OF _____)
COUNTY OF _____) ss:

Pursuant to C.R.S. § 15-14-105 1973, I hereby delegate to _____
who resides at _____ whom I designate
my attorney in fact for this purpose, all of my power regarding custody, well being, and property of
_____, which are delegable under Colorado law, including the
power to consent to surgical operations and medical and dental treatment and to receive and deliver any
payment of money and property due the said minor child. In accordance with C.R.S. § 15-14-105, this
delegation does not include power to consent to marriage or adoption. This delegation is made for a
period not exceeding twelve (12) months, and shall terminate on _____ [determined
by a school official]. This power of attorney shall not be affected by disability of the principal, and shall
remain in effect, to the extent permitted by C.R.S. § 15-14-105, notwithstanding later disability or
incapacity of the principal at law, or later uncertainty as to whether the principal is dead or alive.

Date: _____

FEO Representative (printed name and signature)
(**must be signed in front of Notary**)

FEO Address: _____

FEO City, State, Zip Code: _____

FEO Contact Email: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My commission expires: _____

(NOTARY SEAL)



ACKNOWLEDGEMENT OF ENROLLMENT PROCEDURES FOR FOREIGN EXCHANGE STUDENTS

The undersigned, who is the FEO representative for the foreign exchange student , a student who has requested enrollment in Douglas County School District RE-1, acknowledges the following understanding of the School District's enrollment procedures for foreign exchange students:

1. Temporary custody and control of the student has been delegated by the undersigned FEO Representative to a Host(s) pursuant to a power of attorney as authorized by C.R.S. § 15-14-105, within thirty (30) days of signature of this document.
2. The FEO understands that enrollment is applicable only where the child is living with a Host(s) within the School District during their attendance at a District school.
3. The FEO acknowledges that the student will regularly eat and sleep at the dwelling place of the Host(s) during their attendance at a District school.
4. The FEO further understands and agrees that the student listed above will be immediately withdrawn from the Douglas County School District RE-1 if the requirements of enrollment, as set out above, are not met at any time.
5. We further agree to notify the School District if facts or circumstances change so that the student is no longer in compliance with the requirements for enrollment.

Date:

FEO Representative (printed name and signature)