



FOREIGN EXCHANGE STUDENT ELIGIBILITY REQUEST
OREGON INTERSCHOLASTIC SKI RACING ASSOCIATION
Fax 1-775 640 4650 and P.O. Box 11375 Eugene OR 97440

Student _____ Birth date _____

From _____
City/Town _____ Country _____

Foreign Exchange Affiliation _____
AFS, Rotary, Church, People to People, etc.

Person with whom student will live _____

Address where student will live _____

1. It is intended that eligibility of foreign exchange students to be limited to no longer than one year.

2. Indicate the number of high school years completed in homeland _____

3. Has student graduated from secondary school? _____

4. Has student received diploma from a secondary school? _____

5. Present year in high school _____

COMMENTS: _____

School.

Principal or Athletic Director