



Exchange Student Information Form

Last Name/Surname (*same as on passport*): _____

First Name: _____ Middle Name(s) _____

Male or Female

Date of Birth: ____/____/____ Place of Birth (*City and Country*): _____
Month Day Year

Country of Citizenship: _____

First day of school at SDFAS: ____/____/____ Last day of school at SDFAS ____/____/____
Month Day Year Month Day Year

Parent(s) / Guardian(s) Complete Address Outside of the US and Contact Information:

Email Address: _____

Mobile Number: _____

Parent(s) / Guardian(s) Complete Address Outside of the US (if Applicable):

In addition to the above information, please return the following to the SDFAS office or email at besterly@sdfas.org

- A legible copy of the student's valid passport.
- Payment of the fee: \$150 for the first child and \$100 for each sibling either by check or credit card.
- Proof of financial resources, showing an amount equal to or greater than the annual tuition plus the cost of living. The cost of living is calculated as \$500 per month per child for 10 months.