



HF: _____
School: _____
Decision: _____ Student ID: _____

SELF-PLACEMENT PRELIMINARY REQUEST

The purpose of this form is to **secure a preliminary confirmation** that the school is willing to consider the student and to verify that the family meets the minimum eligibility criteria: a) it **must not be related to the student** and b) **English must be the primary language** used at home. The **actual school acceptance is conditioned** upon the student's overall personal, academic and medical profile that could only be determined after a timely submission of the entire application. The **actual HF eligibility will be determined** upon a duly completed HF vetting process.

Student

Name: _____ Date of Birth: ____ / ____ / ____
Month / Day / Year

Country of Residence: _____ International Agent: _____

Expected Start: ____ / ____ Expected Duration: _____
Year / Month Months

Expected Grade when in US: 9th 10th 11th 12th

Host Family

Name: _____

Address: _____ City: _____ State: _____

Cell Phone: _____ Email: _____

Best Time to Call: _____

School

(provide as much information as you have)

Name: _____

Contact Person: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Please email the completed form to self.placement@iseusa.org