



**Lethbridge School District No. 51**  
**433 - 15th Street South**  
**Lethbridge, Alberta, Canada**  
**T1J 2Z5**

**Phone: 403-380-5323**

**Fax: 403-327-4387**

**[www.internationalservices.lethsd.ab.ca](http://www.internationalservices.lethsd.ab.ca)**

District Form: 501.7.7

## Application Form for Short-stay Program School Placement

### Description of Visiting School

Home Country	<input type="text"/>	City/Region	<input type="text"/>	<input type="radio"/> Private School	<input type="radio"/> Public School		
Name of School	<input type="text"/>	Age range	<input type="text"/>	Gender	<input type="text"/>	Number of students	<input type="text"/>
Name of Group Leader	<input type="text"/>	Title/Position of Group Leader	<input type="text"/>				

### Sponsoring Organization and Local Contact

Sponsoring Organization	<input type="text"/>	Billing Address	<input type="text"/>		
Local Contact's Name	<input type="text"/>	Office Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Local Contact's Email	<input type="text"/>			Fax Number	<input type="text"/>

### Program/Placement Description

School	<input type="text"/>	Program length (number of days)	<input type="text"/>	Start date	<input type="text"/>	End date	<input type="text"/>
Number of classrooms required	<input type="text"/>	Other rooms requested	<input type="text"/>				
Please describe any special requests including the desired level of integration with Canadian students:	<input type="text"/>						
Fee agreement/Honorarium to the school district:	<input type="text"/>						

### Confirmation and Approval

School Administrator Contact	<input type="text"/>	School Approves Placement	<input type="radio"/> Yes	<input type="radio"/> No
District Administrator Contact	<input type="text"/>	District Approves Placement	<input type="radio"/> Yes	<input type="radio"/> No
District Signature	<input type="text"/>	Date:	<input type="text"/>	
Group Sponsor Signature	<input type="text"/>	Date:	<input type="text"/>	