



International Student Exchange SCHOOL ACCEPTANCE

119 Cooper Street
Babylon NY, 11702
800.766.4658
www.iseusa.com

INS. 5



Dear School Administrator:

As an Area Representative, I am seeking your permission for the student described below to attend your high school in a full course of study. It is our policy to obtain written school acceptance prior to the student's arrival from a school that is duly recognized as an accredited educational institution and declared as such by the appropriate authority of the state in which such institution is located. Our organization is granted full listing by the CSIET and we are empowered to issue a DS-2019 to secure a J-1 Exchange Visitor Visa for this student. We thank you for your willingness to accept our international student and hope you have an enjoyable year.

Organization: ISE INTERNATIONAL STUDENT EXCHANGE

AREA REPRESENTATIVE -

Name: GAYLE MCBETH-SHIRAZI

Address: 804 SE 33RD ST, TOPEKA, KANSAS 66605

Telephone: 785-266-3007 Fax: 479-876-1738 E-Mail: gshirazi@juno.com

STUDENT -

Name: Francesco Zavettieri Student ID # 44859

Home Country: ITALY

Last Grade Completed in Home Country Upon Arrival: 11TH Birth Date: 11/1/98

HOST FAMILY -

Name: TABETHA AND MICHAEL SMITH

Address: 628 W North St., CARBONDALE, KS 66414

Telephone: (785) 836-9007 E-Mail: tabi-cat@sbcglobal.net

HIGH SCHOOL -

School Name: SANTA FE TRAIL HIGH SCHOOL

School Address: 1663 East Hwy 56, CARBONDALE, KS 66414

Telephone: (785) 665-7168 Fax: (785) 665-7164

Website: http://www.usd434.org/

Contact Person/Title: PATRICK GRAHAM, PRINCIPAL

E-Mail Address: pgraham@usd434.us

Number of semesters our student will attend 2 Eligible for graduation/receive diploma? Yes No

School Year Begins 08 / 12 (25) / 15 First Semester Ends 12 / 18 (22) / 15

Second Semester Begins 01 / 05 / 16 Year Ends 05 / 18 (2) / 16

School Orientation Date 08 / 04 / 16 ? Required Yes No

If applicable, has tuition been fully waived? Yes (TBA) No

If no, have details regarding tuition been fully disclosed? Yes No

By signing below, I confirm that the above named student will be enrolled in a full course of study.

[Signature]
Signature of School Administrator/Title

04/20/2015
Date (mm/dd/yyyy)