



PARTNERS *of the* AMERICAS

SCHOOL ACCEPTANCE FORM YOUTH AMBASSADOR PROGRAM 2011

Youth Ambassador's name:

Dates to be hosted and allowed to participate in school:

Host family in school district:

School Name and Location:

Partners and Youth Ambassador Program Contacts:

Leslie Barratt, Co-chair
1516 South 6th Street
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Jhani Laopus, President
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Indianapolis, IN 46260
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We agree to allow Indiana Partners of the Americas Youth Ambassador _____ to participate as a student in _____ High School in _____, Indiana, during the time that he/she is hosted by a family in our community. We understand that the Brazilian teen will come with good English skills and will be prepared to participate in classes with no need for additional language services. We also understand that he/she does not require accreditation for his/her work. We will assist in assigning him/her a reasonable class schedule according to his/her experience and abilities.

(To be signed by the Principal or Guidance Counselor)

Principal: (print) _____ (signature) _____

Guidance Counselor (print) _____ (signature) _____

Date of Acceptance _____