

FOUR COUNTY AREA VOCATIONAL COOPERATIVE

1607 East Dowling Street, Kendallville, IN 46755
260-349-0630 Fax 260-349-0240



ENROLLMENT EXCHANGE AGREEMENT (SCHOOL AGREEMENT)

_____ from _____ High School seeks enrollment in
(Student Name) (Name of Sending HS)
vocational _____ at _____ High School during the
(Program Name) (Name of Receiving HS)
_____ school year.
(School Year)

_____	_____
Sending School Approval Signature	Date
_____	_____
Receiving School Approval Signature	Date

STUDENT EXCHANGE AGREEMENT (STUDENT AGREEMENT)

_____ from _____ High School has been accepted for
(Student Name) (Name of Sending HS)
enrollment in vocational _____ located at _____ High School
(Program Name) (Name of Receiving HS)
and agrees to the following provisions:

1. To participate in the exchange program for the entire school year.
2. To abide by all rules of the receiving school
3. To attend all scheduled classes regardless of differences in school calendars.

_____	_____
Student Name	Date
_____	_____
Receiving School Administrator	Date
_____	_____
Parent/Guardian	Date

Original to Sending School. Copies MUST also be distributed to: Receiving School, Student and FCAVC Offices.
FCAVC MUST receive copy no later than September 1.