



Family Last Name, First Name	State	Participant Name (if known)
------------------------------	-------	-----------------------------

**Placement Acceptance Form**  
**To be completed by an AFS Volunteer and School Official.**  
**Placements are not complete and cannot be confirmed without this document.**

**TO BE COMPLETED BY AN AFS REPRESENTATIVE**

Visiting Teacher Name		Country	
Host Family's Name		Host Family Phone	
Address	City	State	Zip Code
Local AFS Representative Name		Phone	Email
Address	City	State	Zip Code

**TO BE COMPLETED BY A SCHOOL OFFICIAL**

School Name	
As designated school official of the accredited school mentioned above, I accept this AFS Visiting Teacher for the school year/semester.	
Date approval given	
If Applicable: <input type="checkbox"/> It has been agreed that tuition will be waived for this participant or the following arrangements have been made:  <input type="checkbox"/> request and agrees to the placement of more than five AFS Participant in the upcoming academic year School Name	
School Official Print Name	Position
School Official Signature	Date

**Please return this form to your local AFS volunteer.**  
Or, submit to the AFS Admissions Center by  
fax (503-961-8388), email ([hostfampapers@afs.org](mailto:hostfampapers@afs.org)), or mail to:  
AFS Admissions Center  
506 SW 6th Avenue, 2nd Fl  
Portland, OR 97204  
Phone: 1-800-237-4636