Saskatchewan-Québec Student Exchange Program

Principal and School Division Approval Form

This form serves to certify that: _____ (print applicant's first and last name) is:

a) Currently studying French, whether in Core French, French Immersion or Post-Intensive French;

b) ☐ Grade 10 or ☐ Grade 11 during the exchange year

The school and school division accept all conditions of the exchange as outlined in the Saskatchewan-Québec Exchange Program School Division Handbook and will supply a liaison teacher.

Liaison Teacher contact information:

Name: _____

Role: _____

Phone: _____

Email: _____

Approval has been granted at the school and school division level for the above mentioned individual's application to Saskatchewan-Québec Student Exchange Program.

School Division: _____

School: _____

Address: _____

Email: _____

School Stamp or Seal

_____
Principal (Print)

_____
Principal Signature

_____
Date (DD/MM/YYYY)

_____
Director of Education/Superintendent (Print)

_____
Director of Education/Superintendent Signature

_____
Date (DD/MM/YYYY)