

Brazil Exchange Opportunity

School Division: _____

Name of Superintendent: _____

Contact person completing this form: _____

Telephone number of contact person: _____

We are attempting to assess the level of interest in a student exchange program with Brazil. By completing this form you are not making a commitment to participate.

Is Portuguese taught at any schools in your division?
(check one)

_____ Yes

_____ No

Would your school division be interested in hosting high school students from Brazil?

_____ Yes

_____ No

Would your school division be interested in sending high school students to Brazil?

_____ Yes

_____ No

If you have expressed an interest in either #2 or #3 above, please note the length of time that you think would be appropriate for the visit.

_____ A full school year

_____ 3-5 weeks in the summer

Other comments/questions:

Please fax this form to **(804) 371-0154**

(no cover sheet is necessary)

by

Friday, June 2, 2000

Thank you.