

copy

# CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

*Name matches passport*

1. Family Name: **Schroder** First Name: **Vanessa** Middle Name: \_\_\_\_\_ Gender: **FEMALE** (NO005420010)

Date of Birth (mm-dd-yyyy): **10-11-1993** City of Birth: **Munich** Country of Birth: **GERMANY** Citizenship Country Code: **GM** Citizenship Country: **GERMANY**

Legal Permanent Residence Country Code: **SZ** Legal Permanent Residence Country: **SWITZERLAND** Position Code: **223** Position: **SECONDARY SCHOOL STUDENT**

U.S. Address: **1809 Stubbeman Norman, OK 73069**

2. Program Sponsor: **South Central Rotary Youth Exchange, Inc** Exchange Visitor Program Number: **P-3-04516**

Participating Program Official Description: **STUDENT SECONDARY**

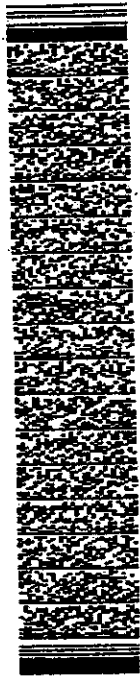
Purpose of this form: **Begin new program; accompanied by number (0) of immediate family members.**

3. Form Covers Period: From (mm-dd-yyyy): **10-11-2008** To (mm-dd-yyyy): **10-10-2009**

4. Exchange Visitor Category: **STUDENT SECONDARY**

Subject/Field Code: **53.0199** Subject/Field Code Remarks: **2000 - 5770; DS; CBC; Insurance OK; ; Counselor - Michelle AinsworthTSE**

5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:  
 Current Program Sponsor funds : \$1,500.00  
 Personal funds : \$1,000.00  
 Total : \$2,500.00



6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).

7. **Tamie BABB** Alternate Responsible Officer

Name of Official Preparing Form: \_\_\_\_\_ Title: \_\_\_\_\_

146 Ranch Drive Telephone Number: **918-640-7748**  
 Boerne, TX 78015

Address of Responsible Officer or Alternate Responsible Officer: \_\_\_\_\_ Telephone Number: **05-29-2008**

Signature of Responsible Officer or Alternate Responsible Officer: *Tamie Babb* Date (mm-dd-yyyy): \_\_\_\_\_

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)  
 Effective date (mm-dd-yyyy): \_\_\_\_\_ Transfer of this exchange visitor from program number \_\_\_\_\_ sponsored by \_\_\_\_\_  
 to the program specified in item 3 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

Signature of Responsible Officer or Alternate Responsible Officer: \_\_\_\_\_ Date (mm-dd-yyyy): \_\_\_\_\_

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 312(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).

The Exchange Visitor in the above program:

1.  Not subject to the two-year residence requirement.

2.  Subject to two-year residence requirement based on:

A.  Government financing and/or

B.  The Exchange Visitor Skills List and/or

C.  PL 94-484 as amended

(ALL USAID PARTICIPANTS G-20063 AND ALL ALIEN PHYSICIANS SPONSORED BY 30450 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Consular or Immigration Officer: \_\_\_\_\_ Date (mm-dd-yyyy): \_\_\_\_\_

TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year)

\*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work

(1) Exchange Visitor is in good standing at the present time

Date (mm-dd-yyyy): \_\_\_\_\_

Signature of Responsible Officer or Alternate Responsible Officer: \_\_\_\_\_

(2) Exchange Visitor is in good standing at the present time

Date (mm-dd-yyyy): \_\_\_\_\_

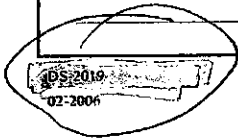
Signature of Responsible Officer or Alternate Responsible Officer: \_\_\_\_\_

THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 312 (e).

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.

Signature of Applicant: \_\_\_\_\_ Place: \_\_\_\_\_ Date (mm-dd-yyyy): \_\_\_\_\_

*If student travels must send to me to get validation - 2 weeks pr*







deportation. A nonimmigrant who accepts unauthorized employment is subject to

**Important** - Retain this permit in your possession; *you must surrender it when you leave the U.S.* Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Department of Homeland Security authorities, is a violation of the law.

- Surrender this permit when you leave the U.S.
- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

**Record of Changes**

Needs 467636

**Departure Record**

Port:  
Date:  
Carrier:  
Flight #/Ship Name:

OMB No. 1651-0111

Departure Number

292958088 18

F94  
Departure Record

Family Name		Birth Date (Day/Mo/Yr)	
B	A	2	9
First (Given) Name		Country of Citizenship	
D	A	U	S
Country of Citizenship		U	

CBP Form I-94 (10/04)

STAPLE HERE

See Other Side

letter number for the opening.

~~ST~~ important in part of letter

improve handwriting Dept

staples must be used

the I have must

~~Letter counselor writes & gives to School at enrollment~~

June 3, 2008

Dear Mr. Parham, Principal  
Plainview School

Thank you for agreeing to accept Davide Bagno, a Rotary Exchange Student from Italy, into your high school. Enclosed is a copy of Davide's application. It provides a profile of him and his family as well as a transcript of his academic record.

~~Davide has not graduated from high school in Italy.~~ Please let me know if you need any further information concerning Davide for his enrollment in your high school.

~~Our Rotary student has received no guarantee that he may participate in athletics.~~

We will encourage Davide to participate in school sanctioned and sponsored extra curricular activities, including athletics. However, we also understand that you, as well as the appropriate authority for determining athletic eligibility must authorize such participation.

The current host family for Davide is listed below along with contact information for me and other Rotary representatives. Please contact one of us as necessary to address any situation that may occur. As you know, our Rotary Exchange Students will have multiple hosts. We will notify you of the new host family at the time of each move. The other contacts remain the same for the entire year.

Host family: Brook and Lynette Edmonds  
1302 McLish  
Ardmore, Oklahoma 73401  
223-2433

Rotary Club Counselor: Emmett Hudgins  
914 Cherry  
Ardmore, Oklahoma 73401  
223-0648  
Rotary Club President: Steve Mills  
Ardmore Higher Education Center  
611 Veterans Blvd.  
Ardmore, Oklahoma 73401

Rotary District Contact: Jaci Williams  
P.O. box 1087  
Norman, Oklahoma 73030  
405-321-5999  
[jacywilliams5770@yahoo.com](mailto:jacywilliams5770@yahoo.com)

Sincerely

*Emmett Hudgins*  
Emmett Hudgins  
Counselor

Enclosures:

- ~~Transcript of academic record in English~~
- ~~Application, including Guarantee Form~~

~~District must have a copy~~

Must tell school of app. has guarantee

1 Must have

2 Must have

3 Must have