

## ■ STUDENT INFORMATION

NAME	Last
	First
Gender	
Date of Birth	
Phone	
Fax	
E-Mail	
Heights	
Weights	
Favorite Hobbies & Activities	
Your Personality	
Favorite Food	
Least Favorite Food	
If you have any medical conditions,  allergies, medications, please describe	
Name of School	
Grade	
Japanese Skills (1-Poor to 10-Excellent)	reading
	writing
	listening
Favorite Subject in school	
Least Favorite Subject in school	
Do you mind if host family has a pet?	
What is your favorite part of Japan?	
What would you like to learn through this trip in Japan?	

## ■ PARENTS/LEGAL GUARDIAN INFORMATION

Name of Parents or Leagal Guardians	Last
	First
	Occpation
	Last
	First
	Occupation
Any Comments from Parents or Leagal Guradians	

## ■ YOUR FAMILY MEMBERS

Name	Relationship	Occupation and Age