

STUDENT APPLICATION

Directions: **Type** and return all forms together making certain signatures and dates are included. **Attach a photo of yourself** to the application. Handwritten or incomplete applications cannot be processed. Applications are due by **Wednesday, May 1, 2019**, and should be e-mailed to: **scdbjapan@gmail.com**.

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____
 Street Address City Country Zip Code

Telephone #: _____ Email: _____ Fax #: _____

Date of Birth: _____ Birthplace: (City, State) _____ (Country) _____
 (Month / Day / Year)

Country of Legal Permanent Residence: _____ Country of Citizenship: _____

Sex: ___ Male ___ Female School: _____ Grade: _____ GPA: _____ HPA: _____

Date of Application: _____ Passport Number: _____
 (Month/Day/Year) (If Known)

FAMILY INFORMATION

Father's Name: _____

Brothers and/or Sisters

Address: _____

Name: _____

Country: _____

Age: _____

Living at Home? ___ YES ___ NO

Date of birth: _____

Name: _____

Business phone: _____

Age: _____

Living at Home? ___ YES ___ NO

Employed by: _____

Occupation: _____

Name: _____

Mother's Name: _____

Age: _____

Address: _____

Living at Home? ___ YES ___ NO

Country: _____

Business phone: _____

Employed by: _____

Occupation: _____

Emergency Contact #: _____

Name: _____

Address: _____

Country: _____

PERSONAL DATA

Check any activity in which you are interested (**check no more than six**).

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> American Football | <input type="checkbox"/> Cooking | <input type="checkbox"/> Raising Animals | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Art/painting | <input type="checkbox"/> Fishing | <input type="checkbox"/> Reading | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Back packing | <input type="checkbox"/> Golf | <input type="checkbox"/> Riding Horses | <input type="checkbox"/> Visiting Relatives |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hiking | <input type="checkbox"/> Sailing/Boating | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> History | <input type="checkbox"/> School Activities | <input type="checkbox"/> Watching TV |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Sewing | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Shopping | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Movies | <input type="checkbox"/> Snow Sports | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Church activities | <input type="checkbox"/> Museums | <input type="checkbox"/> Soccer | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Music | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Community work | <input type="checkbox"/> Photography | <input type="checkbox"/> Table Games | |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Picnics | <input type="checkbox"/> Tennis | |

Do you play in a band or orchestra? ____YES ___ NO
 If yes, what Instrument? _____

Are you allergic to animals? ____YES ____ NO
 If yes, what animals? ____

Do you participate in any competitive sports? _____

If you are allergic, is your allergy controlled by medicine? ____YES ____ NO

List the chores for which you are responsible at Home: _____

Are you allergic to medications? ____YES ____ NO
 If yes, what medications: _____

Do you have any special dietary needs? If yes, please list: _____

__ Do you take any medication(s)? If yes, please list:

Are you allergic to any food(s)? If yes, please list:

Briefly describe your academic or vocational goal:

Previous travel experience (mention if travel was independent of parents):

Other languages spoken: _____

Other languages studied (What classes? How would you rate your ability?):

Have you ever hosted an international person in your home: _____

If yes, what did you gain from the experience?:

QUESTIONS

Do you agree with the following? Answer "yes" only if you are fairly certain.

_____ I have no physical or mental health problems or dietary restrictions that might limit travel to or staying in a foreign Country/culture.

_____ I will attend at least 85% of Japanese classes and 85% of preparatory classes.

_____ I will complete all assignments to the satisfaction of the group leaders.

_____ I will participate in fund-raisers for this trip.

_____ I will share my experience with my school/community with formal presentations after the trip and otherwise act as an ambassador for Sister Cities of Delray Beach for the year following the trip.

A "yes" response is required for the above five questions to be eligible.

_____ I am willing and able to host a student from Japan for a stay comparable to mine in Japan. (not pre-requisite)

By signing below, both student and parent(s) acknowledge that no preference will be given to an applicant even though a sibling, relative, or friend may have previously participated as an exchange student.

Signature of applicant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

STUDENT'S LETTER OF INTRODUCTION

Student's Name:

Imagine that you are writing a letter to your future home stay hosts in Japan. In no more than 300 words, introduce yourself to them, tell the story of the development of your interest in Japan and describe your role as a Sister Cities' student ambassador.

STUDENT EVALUATION

(Copy this form: a minimum of at least 3 teacher responses must be submitted)

Student's Name: _____

Class: _____

Teacher: _____

Dear Faculty Member:

The above named student has applied for the Delray Beach – Miyazu Youth Exchange for 2016. Selected students will travel and live with a Japanese family and attend a Japanese school for about two weeks. Please rank the student in each category.

	Excellent	Very Good	Good	Fair	Poor	Inadequate
Responsibility	_____	_____	_____	_____	_____	_____
Consideration	_____	_____	_____	_____	_____	_____
Tolerance	_____	_____	_____	_____	_____	_____
Coping ability	_____	_____	_____	_____	_____	_____
Eagerness to learn/enthusiasm	_____	_____	_____	_____	_____	_____
Classroom ability	_____	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____	_____
Sense of humor/cheerfulness	_____	_____	_____	_____	_____	_____

Additional Comments:

AGREEMENT. Please read carefully and sign and date where indicated

I/We, the undersigned parents of _____ my/our son/daughter, and I, the student applicant, agree to the following terms and conditions. The above named student is applying to participate in a cultural exchange program sponsored by the exchange organization and we give our son/daughter our permission to participate in this program.

1. We understand the program is designed to increase understanding among people of the world and it not to be used for the sole purpose of foreign language training. We have discussed the importance of good behavior with our son/daughter and he/ she understands the significance of acting in a manner, which will reflect well on our family and country.
2. We understand and agree the enrollment of our son/daughter in the exchange program is primarily for the cultural exchange.
3. We understand that the program participant will have responsibilities as a member of the host family including attending religious services although not required; the exchange organization strongly recommends they do as part of family life.
4. We agree that the program participant will try to adjust, will obey the disciplinary rules of the host family and school, will give respect and obedience to the host family and school officials, and will keep communication open at all times.
5. We understand and agree that the program participant will not take any un-prescribed drugs, drink alcoholic beverages, possess false identification, drive any motorized vehicle, or participate in any dangerous sport such as hang gliding, bungee jumping, etc. If the program participant does any of the above, we understand he/she may be immediately returned home at our family's expense, and we accept full responsibility for any situation arising his/hers involvement with the above.
6. We understand that prolonged or inappropriate use of the internet, including emails or chat rooms may result in a first warning and then result in program termination.
7. We understand and agree that the program participant will be subject to all of the laws of the host county. In the case of the serious infraction of the rules and requirements governing the conduct of the program participant, or in the case of extreme home sickness, or poor adjustment to the host family or school, the participant may be returned home immediately at the discretion of the exchange organization's Executive Community and at the expense of our family.
8. We understand that as natural parents we are responsible for providing funds to contribute to the expenses of the exchange. This amount is \$300.00. We are also responsible for the student's spending money on the exchange. The suggested amount for spending money is \$500.00. In the past, students have chosen to have a uniform to wear while in school in Japan. If the students choose a uniform, parents will also be responsible for that cost.
9. We agree that the program participant are not allowed to go home during the program unless under emergency conditions and only with prior approval from the exchange organization's main office. Visits from the natural parents and friends during the program are strongly discouraged and must have prior written approval. Independent travel is not allowed at any time during the program without written approval for the exchange organization.
10. We agree that the program participant is to return home with the rest of the exchange group.
11. We agree to pay the early return of our son/daughter if it is deemed necessary for medical reasons after consultation between ourselves, program personnel and the designated medical authorities.

12. We agree to pay for any medical and dental bills not covered by the accident and sickness insurance. We agree to pay for the insurance premium and any deductible amount due that the insurance policy might not cover. We also agree to pay the cost for international medical insurance for the trip.
13. We agree that the program participant is to possess a passport, and travel visa if necessary. The passport (and visa) is/are to be carried to the foreign country by the participant and is/are to be kept in safe keeping by the participant until time for the participant to return home.
14. We agree to pay for any and all telephone calls made by the program participant including those calls made which might appear on the host family's telephone bill after the departure of the program participant.
15. We give the exchange organization the right to use the participant's name and photograph for reproduction in any medium for the purposes of publication, advertising, trade, display, or editorial use.
16. We agree to attend meetings that are schedule to prepare us for the exchange experience.
17. We understand and agree to the following:
 - Too many absences prior to trip, student will be dropped from group and will not travel on trip.
 - Parents fail to participate prior to trip, student will be dropped from the group and will not travel on the trip.
 - Student fails to participate after return from trip, student will be dropped from group and **parents will be required to reimburse Sister Cities for cost of trip.**
 - Parents fail to participate after return from trip, student will be dropped from group and **parents will be required to reimburse Sister Cities for cost of trip.**

Signature of applicant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

RELEASE OF LIABILITY

Student's Name: _

We hereby release the exchange organization and all of its board members, chaperones and host families from all liability, damages or claims, which I have incurred after the termination of the program.

We understand that the participant will be subject to the authorities and teachers of the school where he/she may be assigned and that he/she will have to follow the rules given by the family with whom he/she may live. We also understand that the exchange organization reserves the right to terminate the participation in the program of any participant whose conduct maybe considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the participant and his/her parents or legal guardians will be formally warned and have no right to any refunds.

We accept the right of the exchange organization to directly or indirectly cancel, change or substitute in emergencies, or whenever normal circumstances change, those part of the program whose alteration may be considered necessary.

We also grant the exchange organization, the school where the participant maybe be assigned, and the family or families with whom he/she may live, all necessary permissions to act as legal guardians and "in loco parentis" in any situation especially in emergencies, whether medical or other, including the possibility of permission for surgical operations or any other treatment.

The participant agrees to accept and uphold the standards of conduct set by the exchange organization, the school where he/she may be assigned, and the family or families with whom he/she may live for the duration of the program. He/she agrees to maintain friendly and respectful relations with his/her teachers, and classmates and, especially with all the members of the family with whom he/she may be living, to accept the rules of conduct imposed by said family, to participated in the family life as much as possible, to try his/her best to adjust to the normal system of family life and treat all the members of the family with respect.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

TRAVEL AUTHORIZATION

We, as Parents of the Undersigned Student, do hereby authorize Sister Cities of Delray Beach, Inc., its board members, chaperones, and the Host Parents, as agents, to make the determination for student travel for the student's participation in the Program.

It is understood that this authorization is given in advance only when the student is traveling and supervised by a chaperone, exchange program representative, host parent, or by a representative of a host school program, or with tours sponsored by the exchange organization. We understand that the student may not travel unsupervised.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

**PERSONAL INTERVIEW AND FOREIGN LANGUAGE TEACHER
FLUENCY ASSESSMENT**

Note: The enclosed application will not be reviewed if this page is not completed

Student's Name: _

In my estimation, this student understands and speaks a **foreign language** at the following level:

Excellent Advanced Intermediate Advanced Beginner Beginner

Please note student's strengths and weaknesses with speaking a **foreign language**:

Please note any factors that would affect the student's ability to learn Japanese expressions and communicate in a foreign country.

Interview conducted by:

Name: _____ Date: _____

School: _____

Signed: _____