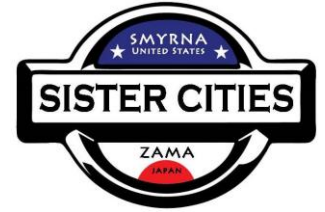




Town of Smyrna Sister City Committee
Zama, Japan Student Exchange
Student Application



Please complete using black ink

Date: ___/___/___

Student Name: _____

Gender: _____ Student DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Student Email: _____

Student cell phone: _____ Grade: _____ School: _____

Preferred Method of Contact: Text Email Home Phone Cell Phone

Facebook Name or Social Media Account Names: _____

Please tell us about everyone living inside your home:

Name each adult family member	address	home phone	cell phone	email address
<small>(Please circle preferred contact number for each member of the family)</small>				
Father:				
_____	_____	_____	_____	_____
Mother:				
_____	_____	_____	_____	_____
Other (i.e.-step-parent, grandparent, etc.):				
_____	_____	_____	_____	_____
Other (i.e.-step-parent, grandparent, etc.):				
_____	_____	_____	_____	_____

Father:

Mother:

Other (i.e.-step-parent, grandparent, etc.):

Other (i.e.-step-parent, grandparent, etc.):

Name each child in the family	age	gender	grade	school
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about the Sister City Student Exchange Program (i.e. – website, school, social media, former student, etc.)? _____

Do you have a passport? _____ If yes, please provide color copy with application.

What are your main interests and favorite subjects in school? _____

Do you have a job or are you involved with a team sport? If so, will either of these affect your ability to participate in fundraising events, attend group orientations, travel to Zama, or host a student? The program requires 75% participation in all fundraising activities. _____

Please list activities in which your family engages (i.e. recreational, social, cultural, musical, religious)

What hobbies or activities do you enjoy doing in your spare time? _____

Do you have any allergies to food, pets, medicines or plants? If so, what? _____

Do you require any special medication, medical treatment or foods? _____

Have you ever traveled outside the United States? If so, where? _____

Have you ever been away from your family for any length of time? If so, where did you go and how long were you away? If so, did you experience any problems when you were away from your family?

Is transportation available during the day for you and your guest student when they arrive? _____

List pets you have in your home: _____

Does anyone smoke inside the home? Yes No

Is WIFI available in your home? Yes No

Would guest student share a room? Yes No If so, with whom? _____

The giving of gifts to family is an important part of the Japanese culture. Would providing small gifts for your student and their family be an acceptable practice within your family? _____

Have any adult members of your household ever been charged or convicted of a felony? Yes No

Have any adult members of your household ever been charged of a crime against another person?
 Yes No If you answered yes on either of the two questions above, please provide a statement of the circumstances on a separate sheet of paper with your application. *All adult members of the household will be required to submit to a background check.*

Complete the following sentences:

I consider myself to be _____

Other people would say I'm _____

Please attach the following with this application:

1. A handwritten self-introduction. This will be provided to Zama, should you be selected to participate. Include your likes and dislikes, information about your family and yourself.
2. A recent formal or school headshot of yourself, which will be sent to Zama, Japan with your application. Preferably a wallet or 2x3 size print.
3. Two references of non-family members and one letter of recommendation from an affiliate with your school (i.e.-teacher, principal, guidance counselor, etc). Please ask for the recommendation to be put in a sealed envelope.
4. Official attendance record from your current school.

*Deliver, email or mail: Attention: Casey Conard
Town of Smyrna
315 South Lowry Street
Smyrna, TN 37167
Email: Casey.Conard@townofsmyrna.org
Phone: 615-459-2553 Ext. 2152

Student signature

Parent/Guardian signature

Parent/Guardian signature

Date

Date

Date