



写真
 4cm×3cm
 Photo
 (taken within
 3 months)

APPLICATION FORM (申込書)

General information (一般情報)

Name in Full (氏名)	Family name (姓)		Given name (名)			
Nationality (国籍)	Male (男)		Date of Birth (生年月日)	year	month	date
	Female (女)					
School name (学校名)						grade / year
Home address (現住所)					phone	
email address (メールアドレス)			mobile phone number (携帯電話番号)			
Emergency contact (緊急連絡先)					phone	
Passport No. (旅券番号)			Date of expiry (有効期限)	year	month	date

About Me (私について)

Preferred name (呼び名)						
Favorite subject (好きな科目)						
Favorite sports (好きなスポーツ)						
Hobby (趣味)						
Japanese speaking ability	1. advanced	2. intermediate	3. elementary	4. beginner		
Japanese listening ability	1. advanced	2. intermediate	3. elementary	4. beginner		
I can read and write ...	1. Hiragana	2. Katakana	3. some Kanji	4. I cannot do at all		
I have studied Japanese for more than ...	1. 2 years	2. 1 year	3. 3 months	4. I've never studied		
What language can you use at daily conversation level?						
I would describe my personality as ...	outgoing	confident	talkative	disorganized		
	adaptable	calm	studious	organized		
	shy	quiet	nervous	careless		

Health (健康について)

Do you have food or pet allergy? If yes, describe in details.	Yes or No	Describe in details;
Do you have any uneatable food because of health or religious reasons? If yes, describe in details.	Yes or No	Describe in details;
I suffer/have suffered from the following medical conditions.		
epilepsy (てんかん) When is the latest epileptic seizure? (直近の発作) →		under treatment complete recovery
tuberculosis (結核) When did you develop tuberculosis? (発症日) →		under treatment complete recovery
respiratory disease (呼吸器疾患) Name of disease (病名) →		under treatment complete recovery
development disorder (発達障がい) Name of disorder (障がい名) →		under treatment complete recovery
heart disease (心疾患) Name of disease (病名) →		under treatment complete recovery
others (他) Name of disease (病名) →		under treatment complete recovery
Please describe the records of suffering from infectious disease or vaccinated records if you do not mind.		
1 combined vaccination for diphtheria, pertussis and tetanus (三種混合)	suffered	had a vaccination (year month) never had a vaccination
2 BCG (tuberculosis) (結核)	suffered	had a vaccination (year month) never had a vaccination
3 rubella (風疹)	suffered	had a vaccination (year month) never had a vaccination
4 chicken pox (風疹)	suffered	had a vaccination (year month) never had a vaccination
5 mumps (おたふくかぜ)	suffered	had a vaccination (year month) never had a vaccination
6 rotavirus (ロタウィルス)	suffered	had a vaccination (year month) never had a vaccination
7 influenza (インフルエンザ)	suffered	had a vaccination (year month) never had a vaccination

What countries have you ever been to?	
What are you anxious about this program?	
Why you would like to attend this program?	
What is your expectation about this programme ?	