



Town of Smyrna Sister City Committee
2015 Zama, Japan Student Exchange
Student Application

Please complete using black ink

Date: _____ Name: _____ DOB _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Student Email: _____

Please tell us about everyone living inside your home:

Name each adult family member	age	sex	work phone	cell phone	email address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name each child in the family	age	sex	grade	school
Self	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 or travel to Zama in July?

What type of activities does your family enjoy together? _____

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?

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?

Complete the following sentences:

I consider myself to be _____

Other people would say I'm _____

Favorites:

Spare time activity _____

TV show _____

Book _____

Movie _____

Band or Singer _____

Sport _____

Please attach the following with this application:

1. A handwritten self-introduction. This will be provided to the host family in Zama, should you be selected to participate. Include your likes and dislikes, information about your family and yourself.
2. A recent photograph of yourself

*Deliver or mail: Attention: Holly Earls
 Town of Smyrna
 315 South Lowry Street
 Smyrna, TN 37167

Student's signature

Parent's or Guardian's signature

Date

Date