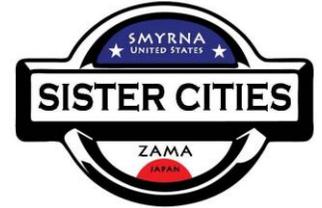




Town of Smyrna Sister City Committee  
 Zama, Japan Student Exchange  
 Student Application



**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.).

\*Deliver, email or mail:     Attention: Casey Conard  
Town of Smyrna  
315 South Lowry Street  
Smyrna, TN 37167  
Email: [casey.conard@townofsmyrna.org](mailto:casey.conard@townofsmyrna.org)  
Phone: (615) 459-2553 ext. 2152

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date