

2017 MNCC Japan Homestay Application Form (1/2)

Personal Information					
First name:	Middle name:	Photograph (2 X 2 inches)			
Last name:	Date of Birth (dd/mm/yy):			Age:	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address:					
City:	State:			Postal Code:	
Citizenship:					
Home phone:		Email:			
Name of your school:		Grade:			
Current GPA (last 2 terms):		Favorite subjects:			
Your future occupation:		School activities:			
If you have hosted any of the MNCC exchange students, please name them:					
Parent's / Guardian's Information					
Father / Mother / Guardian name:					
Home address:					
City:	State:	Postal code:			
Home phone:		Cell phone:			
Email:		Occupation:			

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Personality

Check all that apply :

- | | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Diligent | <input type="checkbox"/> Easygoing | <input type="checkbox"/> Entertaining | <input type="checkbox"/> Modest | <input type="checkbox"/> Neat |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Patient | <input type="checkbox"/> Quiet | <input type="checkbox"/> Rational |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Shy | <input type="checkbox"/> Talkative | <input type="checkbox"/> Other | |

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Interests

Check all that apply :

- | | | | | |
|----------------------------------|---------------------------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cooking | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Eating | <input type="checkbox"/> Fishing | <input type="checkbox"/> Football | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Anime/Manga (Japanese cartoon) | <input type="checkbox"/> Movie | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Reading | <input type="checkbox"/> TV | <input type="checkbox"/> Video game | <input type="checkbox"/> Other | |

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Health Information

Do you have any medical conditions? Yes No

If yes, please explain;

Are you taking any medication? Yes No

If yes, please explain;

Do you have any special dietary allergies/restrictions? Yes No

If yes, please explain;

Do you have any other allergies? Yes No

If yes, please explain;

Any request or need to be concerned: