

2019 MNCC Japan Homestay Application Form (1/2)

Personal Information			
First name:		Middle name:	
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:	

Photograph
(2 X 2 inches)

2019 MNCC Japan Homestay Application Form (2/2)

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: