2007 Tsukuba City Cultural Exchange Application
Host Family Exchange Student Application

For additional questions, please contact:
Ms. Echo Arthur, (408) 262-5169 or echogaiku@sbcglobal.net

PLEASE CHECK ONE:

___ Host Family Only (August 2007)

___ Exchange Student (June 18 – 26, 2007) and Host Family (August 2007)

TO BE FILLED OUT BY ALL APPLICANTS:
Important Note: Home address MUST match address on passport.

Student's Last Name _____Student's First Name_____

Application Completed By _____ Relationship to Student: _____

Address _____ Milpitas, CA 95035

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Student's School, Address, Phone: _____

Student's Current Grade _____ Student's date of birth _____

Names, ages and relationship, to student, of additional people living in the household:

_____

_____

Pets in the household_____

TO BE FILLED OUT BY EXCHANGE STUDENT APPLICANTS ONLY:

What Milpitas Sister City programs have you previously participated in?_____

_____

Do you have allergies? _____ If yes to what_____

Do you have any conditions that require special accommodations to participate in this trip?_____

_____

TO BE FILLED OUT BY APPLICANT'S PARENT OR LEGAL GUARDIAN:

I, _____ declare that I am the parent/guardian of _____. I, the undersigned do hereby agree to allow the individual named herein to participate in the aforementioned activity and I further agree to indemnify and hold the City of Milpitas, Milpitas Unified School District and Milpitas Sister Cities Association harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. I agree, to allow the Milpitas Unified School District permission to release any and /or all school records pertinent to this trip, to the Milpitas Sister City Youth Visit Committee. I also agree as a participant in this program, to grant full permission to the City of Milpitas and the Milpitas Sister City Association to use my name and any photographs, videographs, motion pictures and recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all of the above information is true and accurate.

Applicant's Parent or Legal Guardian Signature _____

Print Name _____ Date _____

BELOW FOR MILPITAS UNIFIED SCHOOL DISTRICT USE ONLY:

School Name & District Title:_____

Student Name:_____

_____Grade Level _____GPA

List Membership in School/District-Sponsored Clubs:

_____

_____

_____

Verified by: _____

Title:_____

Phone:_____