

HOST SCHOOL APPLICATION FORM

Please fully complete this form. The Laurasian Institution will forward these copies to J-corps, Jr. participants to help give them a better idea of their host school and community.

J-corps, Jr.参加者名

J-corps, Jr. Participant Name: _____

*Please leave blank.

1. Host School Information

受入校名

Host School Name (please print): _____

学校長名

Host School Principal Name (please print): _____

受入校住所

Host School Address (please print): _____

Tel: _____ Fax: _____

ホームページアドレス

Website (please print): _____

授業予定

2007-08 School Calendar:

授業開始日

First day _____

授業終了日

Last day _____

受入校の種類

Host School Type:

Public School 公立

Private School 私立

Co-ed 共学

Girls 女子校

Boys 男子校

Religion affiliation系列宗教 _____

Number of Students 生徒数: _____ Number of International Students 留学生数: _____

ESL Program Available? ESLの有無 Yes あり No なし As requested 要望に応じて

If yes, is the ESL program available to the J-corps, Jr. student? ありの場合、留学生がESLクラスをとる事も可能ですか?:

Yes あり

No なし

Other Support for International Students その他サポート: _____

始業時に、教材購入費・活動費・学生証発行費などかかる費用はどれくらいですか?

How much will textbooks, activity fees, student IDs, etc. cost at the start of school? Approx.\$ _____

2. Host Site / J-corps, Jr. Host Teacher 受入校担当者

J-corps, Jr. ホストティーチャー名 (日本語教師)

J-corps, Jr. Host Teacher's Name (Japanese Language Teacher): _____

日本へ来た事がありますか?

Have you traveled to or lived in Japan? Yes No Lived _____ months/years

何年日本語を教えていますか？

How long have you taught Japanese Language? _____ years

何年日本語を勉強していますか？

How long have you studied Japanese Language? _____ years Native 日本人

日本語授業で教えている学生数は？

How many students are you teaching in Japanese class? _____ students

日本からの留学生を受け入れた事がありますか？

Have you hosted a Japanese exchange student before? Yes No

2. Community Information

学校の地理

School Location: Urban Area 都会 Suburban Area 郊外 Rural Area 田舎

最寄の都市およびエリアについて

The closest city & area description: _____

ホームページアドレス

Town's Website: _____

3. Required vaccinations for the J-corps, Jr. Program ワクチン接種回数義務

* If you do not know the vaccine requirement for your school, please write the name and phone number of the school/district nurse below so that we can call directly for this information.

Nurse (保険係): _____

Tel: _____

<u>Vaccination</u> ワクチン	<u>US required doses</u> 米国接種義務回数	<u>Doses required at your school</u> 左欄と異なる場合のワクチン接種義務回数
Hepatitis B B型肝炎	3 times	_____
Diphtheria, Tetanus and Pertusis 三種混合	3 times (most recent one within the last 8 years)	_____
Polio (IVP) 小児麻痺	3 times	_____
Measles はしか	2 times	_____
Mumps おたふく風邪	1 time	_____
Rubella 風疹	1 time	_____
Varicella (if never had chicken pox) 水疱瘡	1 time	_____

上記以外に必要なワクチン接種

Additional vaccines required at your school: _____ / _____ times

_____ / _____ times