



New Zealand/Japan Program
Labo International Exchange
PIS (Student Personal Information)Sheet



Full Name: _____

Preferred Name: _____

Age: _____ Date of Birth: _____ Gender: M F

School: _____

Address

Street: _____ Suburb: _____

Town/City: _____ Postal Code: _____

Home Phone: _____ Mobile: _____

Email Address: _____

(This email address will be used for all correspondence)

Family Information

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Name and Age of Sister(s): _____

Name and Age of Brother(s): _____

Health

(Note: You must complete the attached Medical Form)

Explain any allergies, dietary restrictions, or other health conditions or problems:

Hobbies and Interests

What are your hobbies and interests? _____

What is your favorite subject? _____

How many years have you studied Japanese? _____

Please attach photo here
(A clear photo must be attached here or you may send photos as email attachments with this application)

Special Requests

Any host family assigned to me will be acceptable

I request to be hosted by:

Name: _____ Year Hosted: _____

Address: _____

Phone: _____ How do you know this family? _____

If your requested host is unable to host you:

- Another family will be acceptable
- Place me near my requested host so I can visit them
- I will not travel to Japan at this time

Other requests (location, etc.): _____

Jacket size for Fleece Uniform

All participants receive a group fleece jacket. Please enter your size below.

- Mens syle size (please circle) XXL XL L M S
- Ladies syle size (please circle) 18 16 14 12 10

THIS FORM IS INVALID UNLESS SIGNED BY ALL OF THE UNDERMENTIONED!

Applicant's Signature _____ **Date** _____
(day / month / year)

Parent/Guardian 's Signature _____ **Date** _____
(day / month / year)

Your Check List

- Completed the application and medical form
- Completed Travel Insurance Form
- Attached photo
- Included copy of passport
- Include a cheque or send your program deposit

Office Use Only

Host Family: _____ **District:** _____



Medical Form

Participant' Name: _____

Medical and Travel Authorization

DOB: _____ Age: _____

This is to authorize the representative of the Labo International Exchange Foundation or any Labo-authorized representative (including the parents of the host family with whom my child/ward will be staying) to make decisions regarding the well-being of my child/ward while engaged in this exchange program, including any medical or surgical care needed for my child's/ward's welfare. In addition, the Labo representative or any Labo-authorized representative, is authorized to make any necessary travel plans or arrangements for my child/ward in case of an emergency.

Signature of parent/guardian: _____ Date: _____

Medical Information

Fill in the blanks with checks and/or necessary information.

(日本語で)

A. Have you ever had, or been inoculated for any of the following?

(日本語で)

Diphtheria (ジフテリア)	Yes_____No_____	Yes_____No_____	_____
	Contracted (日本語で) (はい) (いいえ)	Inoculated (はい) (いいえ)	Month & Year of Last Injection (日本語で) (日本語で) Month (月) Year (年)
Diphtheria (ジフテリア)	Yes_____No_____	Yes_____No_____	_____
Polio	Yes_____No_____	Yes_____No_____	_____
Scarlet Fever	Yes_____No_____	Yes_____No_____	_____
Smallpox	Yes_____No_____	Yes_____No_____	_____
Typhus	Yes_____No_____	Yes_____No_____	_____
German Measles	Yes_____No_____	Yes_____No_____	_____
Measles (はしか)	Yes_____No_____	Yes_____No_____	_____
Whooping Cough	Yes_____No_____	Yes_____No_____	_____
Chicken Pox (水ぼうそう)	Yes_____No_____	Yes_____No_____	_____
Mumps (おたふくかぜ)	Yes_____No_____	Yes_____No_____	_____
Tetanus Inoculations:	Preventive Injection	Yes_____No_____	Date of last Inj._____
	Serum Injection	Yes_____No_____	Date of last Inj._____

B. Do you have or are you subject to any of the following? If "yes", please explain condition and frequency. (日本語で)

	(ある) (ない)	Condition/Frequency (日本語で)
Asthma	Yes_____No_____	_____
Diabetes	Yes_____No_____	_____
Heart Trouble	Yes_____No_____	_____
Lung Trouble	Yes_____No_____	_____
Fainting spells	Yes_____No_____	_____
Convulsions (ひいきつけ・けいれん)	Yes_____No_____	_____
Epilepsy (てんかん)	Yes_____No_____	_____
Any other disorder (その他)	_____	_____

C. Do you have any allergies or reactions to drugs or non-drug items? (日本語で)

Medicine: Penicillin or related medicine Yes___ No___
 Aminophyrine or sulpyrine type medicine Yes___ No___
 Others (list) _____

Non-drug items such as dust, pollen, cat-hair, etc.: _____

D. If you are carrying medicines/prescriptions, fill in the following. Put "P" for prescriptions. (日本語で)

Name of Medicine	For what illness symptoms?	Dosage & Times Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Do you have any difficulties with any of the following? (日本語で)

Eyes	Yes___ No___	Remarks (備考)	_____
Ears	Yes___ No___	Remarks (備考)	_____
Nose	Yes___ No___	Remarks (備考)	_____
Throat	Yes___ No___	Remarks (備考)	_____
Digestion	Yes___ No___	Remarks (備考)	_____
Sleepwalking	Yes___ No___	Remarks (備考)	_____
Bed-wetting	Yes___ No___	Remarks (備考)	_____
Menstrual Problems	Yes___ No___	Remarks (備考)	_____
Any other difficulties (その他)	_____		

F. Blood Type (日本語で): _____

G. Are there any physical activities that you are restricted from doing? Please list _____

H. Are you on a special diet? If so, what kind? _____

I. Any additional information the host parents should be aware of: _____

Participant Agreement

AS A PARTICIPANT IN THE LABO-LETS HOMESTAY JAPAN PROGRAM;

I recognise the opportunity this exchange trip offers to me. I am aware that my behavior will reflect on my family, home, community and country and that many people will base their opinions of New Zealand youth on me and my actions. Therefore, I pledge to cooperate in every way to make this trip a rewarding and positive experience.

I AGREE TO:

1. Follow schedules and attend all planned meetings.
2. Remain in assigned areas at all times.
3. Show courtesy at all times, especially in restaurants, hotels and public places.
4. Leave sites and public areas neat and clean.
5. Respect the suggestions of all adults connected to this program, even if they are not my assigned chaperone, and even if they are from other countries or organisations.
6. Dress appropriately at all times while in public.
7. Participate in the life of my host family, in camp activities, and in meetings and other planned activities.
8. Show respect to my host family and others I meet in Japan.
9. Abide by the laws of Japan and my home country.

I AGREE TO REFRAIN FROM:

1. Inappropriate sexual behaviour or public display of affection.
2. Profane, obscene or discriminatory language.
3. Accepting, carrying or using alcohol, tobacco, or illegal drugs.
4. Operating a motor vehicle of any kind.

I UNDERSTAND that while in Japan I am under the jurisdiction of Labo.

I UNDERSTAND that misconduct on my part may result in my being sent home. If I am sent home due to misconduct on my part, or if I elect to return home before completion of the program for any reason, additional travel and related expenses will be the responsibility of my parents or legal guardian, and fees will not be refunded. If damage to property occurs, I can be assessed for the cost of replacement or repairs.

MY PARENTS AND I or legal guardian agree to indemnify and hold harmless all organisations involved in this exchange program against any claims, losses, expenses or payments resulting from any misbehavior on my part or any act, or failure to act, by me.

I HAVE READ, AND WILL ABIDE BY THIS AGREEMENT:

Student _____ Date ____/____/____

Parent or Legal Guardian _____ Date ____/____/____