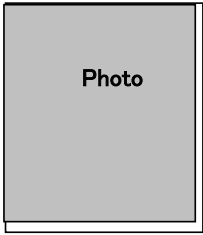




HOMESTAY APPLICATION



1: NAME
 Last name _____ First name _____ Gender
 Male
 Female

2: DATE OF BIRTH Month Day Year
 _____ / _____ / _____ Age : _____

3: HOME ADDRESS

 HOME PHONE

EMERGENCY CONTACT IN AMERICA

Name	Relation to student	Address / Phone
_____	_____	_____
_____	_____	_____

4: HOBBIES AND SPECIAL INTERESTS OR SPORTS

5: ALLERGIES NONE FOOD ANIMALS PLANT

IF YOU HAVE AN ALLERGY, PLEASE SPECIFY DETAILS.

6A: DO YOU SMOKE?
 NO YES

6B: DO YOU MIND BEING IN A HOUSE WITH CIGARETTE SMOKERS?
 NO YES

7: JAPANESE SPEAKING ABILITY
 Fluent Fair Slowly With difficulty

8: HAVE YOU EVER BEEN ABROAD?
 NO YES If yes where? _____

9: ARE THERE ANY MEDICATIONS THAT YOU WOULD NEED TO TAKE WITH YOU?
 NO YES If yes what? _____

10: OTHERS Please include any food dislikes or requests to the family.

11: DEAR HOST FAMILY
 (Your message/greetings.) _____

I hereby authorize Saitama Women's Junior College to seek medical attention and submit the above information, if required, for me in the event of sickness, accident or any other emergency during the program.
 I certify that the above information is correct to the best of my knowledge.

12: STUDENT'S SIGNATURE _____
 PARENT OR GUARDIAN'S SIGNATURE (for students 19 years old and under)



Reasonable Accommodation Request Form

If you choose to disclose any disability-related needs, please complete this form completely and return it at the pre-departure orientation meeting.

If you choose not to disclose, Edmonds College may not be able to assist you in arranging disability-related accommodations after your arrival.

Edmonds College is committed to providing services to students with disabilities who are eligible for accommodations under Section 504 of the Rehabilitation Act or the American with Disabilities Act. If you are receiving disability-related accommodation(s) at your college, Edmonds College will strive to arrange disability related accommodation(s) for you at your study abroad site in conjunction with your college and the service provider contracted for Edmonds College for this program.

Today's Date: _____

Student/Participant Name: _____

Email: _____ Phone: _____

Program Destination: _____ Quarter: _____

1. Do you anticipate requiring disability-related accommodation(s) at the program site? YES NO

1a. If **YES**, please attach any available documentation from the College describing the arrangements they provide for you (e.g a letter from Disability Services) **and/or** outline the accommodations you are requesting. (Some students may not need accommodations on campus but will while abroad)

2. Are you currently receiving, or have you recently received, medical or psychological care of which you think we should be aware of in case of an emergency? (e.g severe allergies, chronic health, psychiatric condition?) YES NO

2a. If **YES**, please attach any available documentation from the College describing the arrangements they provide for you (e.g a letter from Disability Services) **and/or** outline the accommodations you are requesting.

3. Are you attaching or providing any other additional information that you can share with us to help us prepare to accommodate your special requirement(s). YES NO