

# Host School Application

04/Jan

USA

## SCHOOL INFORMATION

School name: \_\_\_\_\_

School address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State/County: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web: \_\_\_\_\_

Principal: (Mr./Ms) \_\_\_\_\_

Contact person (Mr /Ms) \_\_\_\_\_

In case of emergency, please indicate contact person's home telephone number: \_\_\_\_\_

Age range of students: \_\_\_\_\_ to \_\_\_\_\_

Number of students /staff: \_\_\_\_\_ / \_\_\_\_\_

Type of School

Public/State Private Independent

Other \_\_\_\_\_

Special \_\_\_\_\_

Kindergarten Elem./Primary

Middle/Jr. High High/Sr. High/Secondary

Boys only Girls only All year round

Other: \_\_\_\_\_

Languages spoken in your school / community.

\_\_\_\_\_

## LOCATION:

Nearest Main City will be: \_\_\_\_\_

Describe the location of your town from the Main City:

## INTERNSHIP PREFERENCE

Starting Date:

January 200 \_\_\_\_\_

April 200 \_\_\_\_\_

October 200 \_\_\_\_\_

Length: Please prioritize the above periods from one (for 1<sup>st</sup> choice) to four (for 4<sup>th</sup> choice).

12 months 9 months 6 month 3 months

\*For internship of less than 12 months is extension possible?

Yes (by mutual agreement) No

## INTERN PREFERENCE:

Male Female No preference

Would you accept an intern with her child? Yes No

Additional information and preferences:

\_\_\_\_\_

Do you have a Japanese Class at your school?

No

Yes ( Number of students \_\_\_\_\_

Class hours in a week \_\_\_\_\_

The age of students \_\_\_\_\_ )

Nature of Internship preferred :

General - Japanese culture & language

Emphasis on Japanese language.

**\*For the duration of the intern's stay, we agree to: (1) provide accommodation to intern on the condition that the intern contributes USA \$200.00/4 weeks, (2) provide free lunch on school days, (3) and provide his/her transportation to and from school.**

**In agreement to the above condition, we would like to register as a host school for IIP's School Program.**

\_\_\_\_\_  
(Principal's/Headteacher's signature)

\_\_\_\_\_  
(Date)

Please copy and fax this form to:

INTERNATIONAL INTERNSHIP PROGRAMS - SCHOOL SECTION

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