

## 2024 MNCC Japan Homestay Application Form (1/2)

Personal Information				
First name:	Middle name:	Photograph (2 X 2 inches)		
Last name:				
Date of Birth (dd/mm/yy):	Age:			Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address:				
City:	State:	Postal Code:		
Citizenship:				
Home phone:		Email:		
Name of your school:		Grade:		
Current GPA (last 2 terms):		Favorite subjects:		
Your future occupation:		School activities:		
If you have hosted any of the MNCC exchange students, please name them:				
Parent's / Guardian's Information				
Father / Mother / Guardian name:				
Home address:				
City:	State:	Postal code:		
Home phone:		Cell phone:		
Email:		Occupation:		

## 2024 MNCC Japan Homestay Application Form (2/2)

### Personality

Check all that apply :

- |                                      |                                       |                                       |                                   |                                   |
|--------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Adaptable   | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Ambitious    | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Curious  |
| <input type="checkbox"/> Diligent    | <input type="checkbox"/> Easygoing    | <input type="checkbox"/> Entertaining | <input type="checkbox"/> Modest   | <input type="checkbox"/> Neat     |
| <input type="checkbox"/> Nervous     | <input type="checkbox"/> Optimistic   | <input type="checkbox"/> Patient      | <input type="checkbox"/> Quiet    | <input type="checkbox"/> Rational |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Shy          | <input type="checkbox"/> Talkative    | <input type="checkbox"/> Other    |                                   |

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### Interests

Check all that apply :

- |                                  |   |                                     |                                   |                                    |
|----------------------------------|---|-------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Art     | <input type="checkbox"/> Baseball                       | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cooking  | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Eating                         | <input type="checkbox"/> Fishing    | <input type="checkbox"/> Football | <input type="checkbox"/> Golf      |
| <input type="checkbox"/> Hiking  | <input type="checkbox"/> Anime/Manga (Japanese cartoon) | <input type="checkbox"/> Movie      | <input type="checkbox"/> Music    |                                    |
| <input type="checkbox"/> Reading | <input type="checkbox"/> TV                             | <input type="checkbox"/> Video game | <input type="checkbox"/> Other    |                                    |

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### Health Information

Do you have any medical conditions?  Yes  No

If yes, please explain;

Are you taking any medication?  Yes  No

If yes, please explain;

Do you have any special dietary allergies/restrictions?  Yes  No

If yes, please explain;

Do you have any other allergies?  Yes  No

If yes, please explain;

Any request or need to be concerned: