

Dear Parents/Guardians:

Hafa Adai! The Office of the Mayor of Saipan (OMS) has been promoting friendship, respect, peace and mutual understanding between Saipan and Japan through its Student Cultural Exchange Program. This year students will have the opportunity to visit Japan to learn and experience the daily lifestyle, culture, customs, and language of the Japan people through this KSKK Student Cultural Exchange Program from _____, 20__.

Before submitting your child's application, it is important to discuss the following requirements and guidelines:

- **HOST FAMILY:**

- Students will stay with a host family for two (2) days and two (2) nights. Students will more than likely not be partnered up with another student because most family homes are not big enough, unless in the country side of Japan. Although it is completely normal for any child to become homesick, it is important to discuss this matter with him/her. Please keep in mind that host families live in different cities away from other host families where other students and chaperones will be staying. Remember, the whole purpose of this exchange program is to experience the lifestyle and culture of Japan. If you feel your child may not be ready being away from home, please consider having him/her participate the following year.

- **GIFTS:** It is customary to present gifts in the Japanese culture when showing appreciation. Parents are encouraged to provide their child small gift items (i.e. dried mango, chocolate, "Saipan" labeled items, shell leis, key chain, etc.) to present to his/her host family.

- **FOOD, TRANSPORTATION, LODGING, ACTIVITIES, POCKET MONEY**

- All food, transportation, lodging and activities are covered by KSKK except for the airfare, and travel insurance.

- Airfare: \$_____ per person (student)

- **Travel Insurance: (depends on insurance company, normally \$6-\$12, depending on coverage)**

- **Student rate is \$_____ + per person or \$_____ for 11 yrs and under.**

TOTAL: \$_____ + travel insurance or \$_____ + travel insurance.

- Students will be responsible for their own pocket money unless parents request chaperones to hold on to some or all money.

- **PASSPORT**

- Normally when travelling to Japan, passports should not expire within six months after departure date from Japan.

- However, in case of any delays for any reason, it is best if passports not expire by **August 31, 20__**.

- Chaperones will be responsible for all passports unless parents request chaperones to hold on to some or all money.

- **CLOTHING**

- Students must wear appropriate clothing at all times.

- No miniskirts, short shorts or tops.

- No clothing displaying offensive language or graphics.

- No baggy pants displaying undergarments

IT WILL BE COLD! PACK WARM CLOTHING and comfortable SHOES!

Applications will be reviewed and considered on a *first come, first serve basis*- **Deadline is _____, 20__**.

If airline payment is not made in full by _____, 20__, he/she will be dropped from the program and slot will be given to the next applicant accordingly.

THANK YOU!

KSKK SCEP Requirement Checklist:

	1. Application w/attachments (#'s 2-10) Deadline _____, 20__
	2. KSKK Application & Food Questionnaire (Japanese Version)
	3. KSKK Student Cultural Exchange Activities Agreement
	4. Travel & Medical Authorization and Liability Release Form
	5. MEDICAL HEALTH FORM
	6. STUDENT EXCHANGE CONTRACT
	7. COPY OF PASSPORT
	8. Copy of Legal Guardianship (if applicable)
	9. STUDENT CLEARANCE FORM
	10. Copy of Travelers Insurance (You may purchase at any Insurance company after approval of application)
	11. Full Airfare payment by _____, 20__ - \$ _____

APPLICATION DEADLINE: _____, 20__ , 4:00 PM @ SAIPAN MAYOR'S OFFICE



KSKK STUDENT CULTURAL EXCHANGE PROGRAM APPLICATION FORM

Name of Student: _____
First Middle Last

Age: _____ Date of Birth: _____ Citizenship: _____

Grade: _____ School: _____

Ethnicity: _____ Religion: _____

Address: _____ Contact No.: Home: _____
Cell: _____

Permanent Address (Village): _____

PASSPORT NUMBER: _____
MM/DD/YYYY

EXPIRATION DATE: _____

Mother's Name: _____
First M.I. Last

Contact No.: _____

Work Place: _____

Work Tel. No.: _____

Father's Name: _____

Contact N.: _____

Work Place: _____

Work Tel. No.: _____

I/We, the parents or legal guardians of _____, hereby authorizes the Office of the Mayor
(Name of participating student)
of Saipan and THE KSKK, its overseas representatives to make all decisions on our behalf concerning travel arrangements
for our child for the duration of our child's participation in the Student Cultural Exchange Trip Program to JAPAN; that
my/our child is travelling with my/our full knowledge and consent to participate in the Student Exchange Program in JAPAN;

- I/We understand that all expenses EXCEPT airfare, travel insurance, and shopping will be covered by THE KSKK;
- Airfare fee must be paid in FULL no later than _____, 20__ to either the Office of the Mayor of Saipan or Travel Agency designated.***Credit card or Check Payment transactions must be made at the TRAVEL AGENCY. MOS will notify the Travel Agency to accept payment of airfare upon approval of student's application.
- I agree to all the terms and conditions noted on the STUDENT CULTURAL EXCHANGE ACTIVITIES AGREEMENT and TRAVEL & MEDICAL AUTHORIZATION forms (please see attachment).

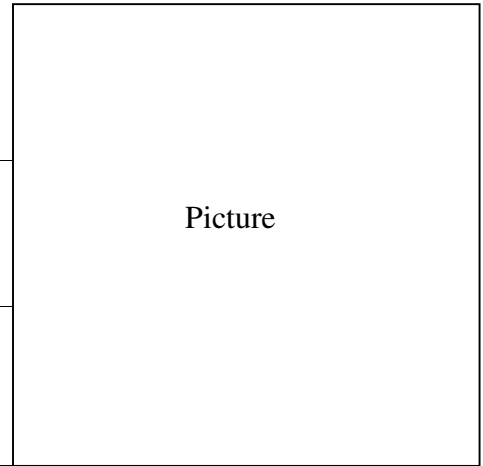
Students Signature (Print & Sign) _____ Date: _____

Parent's Signature (Print, Sign, Date)

Parent's Signature (Print, Sign, Date)

KSKK STUDENT CULTURAL EXCHANGE

APPLICATION FORM



Name _____ / _____
 Given Name Family Name

Birthday _____ / _____ / _____ Male Female
 Day Month Year Age Gender

Home Address _____

Phone No. _____

E-Mail _____

Name of your school _____

Grade _____

Citizen of _____

Religion _____

Personality _____

Japanese Language Ability None
 Greeting
 Very simple conversation
 Native

Hobbies/Interest/Sports _____

Father's Name _____

Mother's Name _____

Father's Occupation _____

Mother's Occupation _____

Family Members(Except parents) _____

Understanding the purpose of the KSKK STUDENT CULTURAL EXCHANGE PROGRAM. I agree that my son/daughter Will participate in the program. I also agree to authorize the ASSOCIATION, its representative or host family to take whatever action is necessary to obtain medical or other treatment in the event of or emergency, accident or illness.

 Signature of Parent

 Date: Year Month Day

1:Grade 7, 2:Grade 8, 3:Grade 9, 1:Grade 10, 2: Grade 11, 3: Grade 12
 **Please fill out your message for your host family.

Message for host family

HEALTH CHECK SHEET

Please write by brock style alphabet

NAME(First Name/Family Name)					
Height		Weight			kg
Blood Type	A/B/O/AB Type	Rh Type	Normal Body Temperature		Degree
Health Condition	STRONG	NORMAL	WEAK	Pulse Rate	Minute
Previous Illness	YES()				NO
Allergy of foods, Animals or etc.	YES()				NO
Carsickness	YES()				NO
Physical Handicap	YES()				NO
Do you have any Medication?	YES()				NO
Others					

FOOD QUESTIONNAIRE

Name: _____

Please check following foods. If you like: **O** If you don't like: **▲** If you can't eat: **X**

Dairy Products

- _____ Egg
- _____ Milk
- _____ Butter
- _____ Cheese
- _____ Beans cake

Meat

- _____ Pork
- _____ Beef
- _____ Chicken
- _____ Mutton
- _____ Horse Meat

Steak

- _____ Well done
- _____ Medium
- _____ Rare

- _____ Sausage
- _____ Fish
- _____ Shellfish
- _____ Octopus
- _____ Cuttlefish
- _____ Prawn, shrimp
- _____ Sashimi
- _____ Rice
- _____ Bread
- _____ Cereals
- _____ Pasta
- _____ Soybean Paste

Vegetables

- _____ Tomato
- _____ Onion
- _____ Carrot
- _____ Cauliflower
- _____ Beans
- _____ Corns
- _____ Peanut
- _____ Potato
- _____ Green
- _____ Fruits
- _____ Cabbage

Drink

- _____ Coffee
- _____ Tea
- _____ Other Herbal Tea
- _____ Coke
- _____ Cocoa
- _____ Milo

Jam

- _____ Honey
- _____ Peanut butter
- _____ Fruit Jam
- _____ Tomato sauce

Desert

- _____ Cake
- _____ Sweet bean paste
- _____ Pudding
- _____ Yogurt

(Please write down your 3 favorite foods.)

1. _____
2. _____
3. _____

(Do you have any allergy to food?)

Yes _____ or No _____

(Please explain any food if you marked "YES".)

KSKK STUDENT CULTURAL EXCHANGE ACTIVITIES AGREEMENT

As a participant of this student exchange program students are representing their family, school, and community. Students are expected to set the best example possible while participating in this program. Parents/Guardians must review this agreement with their child(ren) and hereby comply with the following eligibility requirements and terms:

- 1. Must be a full-time high school student (Grades 9-12) in a recognized public or private school.
- 2. Applications must be submitted by _____, 20____, 4:00 PM @ the Saipan Mayors Office. Applications will be reviewed and considered on a *first come, first serve* basis.
- 3. Student must be a U.S. citizen.

Airfare: \$_____ shall be paid no later than _____, 20____ UPON APPROVAL by student exchange Coordinator. For payments by checks please see Mayors Office for the Travel Agency designated. "If payment is not made in full by deadline, he/she will be dropped from the program and slot will be given to the next applicant accordingly.

**Returned checks shall be subjected to an assessed fee of \$50.00.*

- 4. Absolutely **NO REFUNDS** will be issued after tickets have been purchased if the student is dropped or withdrawn from the program for any reason (unless airlines find reasonable cause).
- 5. **PASSPORT** must NOT expire by August 31, 20_____.
- 6. Student must follow the guidelines set forth in the Student Cultural Exchange Contract.
- 7. **Student Clearance** form must be signed and approved by student's teachers and counselor.
- 8. Students who travel as part of this exchange program are viewed as representatives of the Northern Mariana Islands and must conduct themselves accordingly.
- 9. Use or possession of alcoholic beverages or drugs, including the use of tobacco, will result in being dropped from participating in the program.
- 10. Additional rules and requirements may be added by the exchange board and chaperones as needed and students will be expected to follow them.

NONCOMPLIANCE OF ANY OF THE ITEMS LISTED ABOVE MAY RESULT IN THE STUDENT BEING SUSPENDED FROM THE ACTIVITY AND/OR BEING RETURNED HOME, ACCOMPANIED BY A CHAPERONE, AT THEIR OWN OR THEIR PARENT'S EXPENSE.

STUDENT ACTIVITIES AGREEMENT

I _____, have read and agree to comply with the rules as a participant of this 20____
(Student's Name)
KSKK Student Cultural Exchange Program.

I/We, _____ and _____
(Parent/Guardian Name) (Parent/Guardian Name)
have read and understand that the above policies apply to my child while he/she is representing the CNMI and CNMI Schools during the course of this exchange program.

Signature of Student

Date

Parent's Signature (Print & Sign)

Date

Parent's Signature (Print & Sign)

Date

**KSKK STUDENT CULTURAL EXCHANGE PROGRAM
TRAVEL AUTHORIZATION, MEDICAL AUTHORIZATION & RELEASE**

PARENT/GUARDIAN: This document constitutes as an authorization for your child to travel to Japan as part of the KSKK Student Cultural Exchange Program. The document also constitutes consent to medical treatment for your child while he/she is away. Your agreement to the conditions of this release is required if you and/or your child elect to participate in the exchange program.

I. STUDENT INFORMATION

Child's Name: _____

Home Phone: _____

Parent/Guardian Name: _____

Work Phone: _____

Parent/Guardian Name: _____

Work Phone: _____

II. CONSENT: The above named child has my permission and consent to travel with the KSKK Student Cultural Exchange Program and to participate in all the activities. I understand that this program is conducted outside the CNMI and requires travel by both public and private means of transportation and that my child may be housed in either public or private housing. I consent to these conditions.

III. MEDICAL AUTHORIZATION: I authorize treatment for my child by a medical doctor, hospital, and/or health clinic in the event of illness or injury while he/she is traveling to and from, or while participating in, the KSKK Student Cultural Exchange Program described above, after an unsuccessful attempt to contact has been made to reach me. I additionally authorize the chaperone(s) or person(s) housing my child to contract in my behalf for, and to authorize medical treatment by a medical doctor, or hospital and/or health clinic and consent to such treatment as fully and in the same manner as if I were present. I additionally agree that in the event health care treatment is required for my child and authorized by a chaperone or volunteer of the KSKK Student Cultural Exchange Program or other such persons acting for the Program will be reimbursed for any expenses incurred for such health care treatment.

IV. RELEASE: In consideration of my child being permitted to travel with the exchange program and in further consideration of the chaperones accompanying the group, and except to the extent prohibited by law or public policy, I do hereby release, relinquish, waive and forfeit all claims of damage against the Office of the Mayor of Saipan and the KSKK Student Cultural Exchange Program, directors, agents, and employees.

I also agree to hold harmless, indemnify, and agree to defend at my own expense, the Office of the Mayor of Saipan and the KSKK Organization, together with its directors, officers, agents, employees, and chaperones, from any liability or claim of liability of any nature which may be asserted against said KSKK Student Cultural Exchange Program, regardless of the nature of the claim whether for personal injury, property damage, emotional distress or other damages of whatever nature. This release and agreement to be held harmless applies to claims which may arise out of my child's travel to or from housing, lodging, medical treatment or participation in the above program. I additionally agree that in the event health care treatment is required for my child and authorized by a chaperone or volunteer of the KSKK Student Cultural Exchange Program or other such persons acting for the Program will be reimbursed for any expense on behalf of my child for the transportation, housing, board or otherwise appropriate and incidental to the child's maintenance/care and support during his/her participation in the KSKK Student Cultural Exchange Program.

Parent/Legal Guardian Signature(s):

Print & Sign

Date

Print & Sign

Date

KSKK Student Cultural Exchange Medical Health Form

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

Mailing Address: _____ Home Phone: _____

Other Family/Friend Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Information: Please complete or include a copy of current insurance card for your child.

Insured's Name: _____ Guarantor: _____

Insurance Carrier: _____ Member #: _____ Group#: _____

Medical History: Please complete. Be as specific as possible.

Known allergies and sensitivities (including foods and medications)

Any current medications:

Dosage/How often:

Special Diet: _____

History of Chronic/Recurrent Infections:

Any Restrictions:

Any past history of serious illness/injury that we may need to be aware of?

History of motion sickness? Yes _____ No _____

Are there any disabilities or limitations that we may need to be aware of?

Any comments you wish to make concerning your child's health status?

Parent/Guardian Signature: _____

Date: _____

PRINT & SIGN



KSKK STUDENT CULTURAL EXCHANGE

CONTRACT

I, _____, who is participating in the KSKK Student Cultural Exchange Program promise to abide by the following:

- ✓ I will be on time.
- ✓ I will be an active participant.
- ✓ I will be very willing to learn as much as I can about the Japanese food, culture, and language.
- ✓ I will use polite language.
- ✓ I will be respectful of others, honest and responsible.
- ✓ I will interact with other students and adults, and show that I am a team member.
- ✓ I will not put-down Japanese food, culture or language, or other's efforts to speak Japanese or English.
- ✓ I will dress appropriately at all times.
- ✓ I will not eat or chew gum on school or sacred grounds.
- ✓ I will follow rules and directions given by coordinators and chaperones.
- ✓ I will not leave the group.
- ✓ I will always be willing to learn and have fun.
- ✓ I will participate in all activities scheduled by KSKK Student Exchange Program.

Student Signature: _____

Date: _____



2015 KSKK STUDENT CULTURAL EXCHANGE PROGRAM

Student Clearance Form
School Year 20____-20____

Student Name:	
School:	Grade:

COUNSELOR APPROVAL

Counselor Name:	Total Classes Student is Taking:
<p>I, _____, certify that _____ has met the minimum GPA of 2.5 or above to be eligible for participation in the KSKK STUDENT CULTURAL EXCHANGE PROGRAM in Japan from _____, 20____.</p>	
Counselor Signature:	Date:

TEACHERS APPROVAL

Instructor Name:	Class/Period:
<p>Notes/Assignment: _____ _____ _____ _____</p>	
<p>() Approved _____(initial)</p> <p>() Disapproved _____ (initial)</p>	<p style="text-align: center;">_____ Instructor Sign & Date</p>

TEACHERS APPROVAL

Instructor Name:	Class/Period:
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL

Instructor Name:	Class/Period:
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL

Instructor Name:	Class/Period:
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL

Instructor Name: _____	Class/Period: _____
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL

Instructor Name: _____	Class/Period: _____
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL

Instructor Name: _____	Class/Period: _____
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL

Instructor Name:	Class/Period:
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL

Instructor Name:	Class/Period:
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL

Instructor Name:	Class/Period:
Notes/Assignment: _____ _____ _____	
() Approved _____(initial)	_____ Instructor Sign & Date
() Disapproved _____ (initial)	

TEACHERS APPROVAL