



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER, INC.  
**SISTER CITY STUDENT EXCHANGE PROGRAM**

**APPLICATION**

<b>STUDENT'S INFORMATION</b>		
Name	Birth date	
Address		
City	Zip	Home Phone
		Cell Phone
Email Address		
School	ESGVJCC Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
ESGVJCC organizations affiliated with:		

<b>PARENTS' INFORMATION</b>		
Father	Mother	
Address		
City	Zip	Home Phone
Email Address		
Father Cell Phone	Mother Cell Phone	
ESGVJCC organizations affiliated with:		
Speak Japanese <input type="checkbox"/> Yes <input type="checkbox"/> No		
What do you want your child to gain from this program?		

*The student should complete the following questions:*

1) What are your hobbies and extra curricular activities?

2) How much Japanese (if any) do you speak?

3) What would you like to gain from this exchange program?

4) What have you heard about past exchange programs that you would like to experience?

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to the Community Center Office by January 2012 with a \$100 deposit.

For additional information, please contact the Community Center Office at (626) 960-2566 or email [bleong@esgvjcc.org](mailto:bleong@esgvjcc.org)