



EAST SAN GABRIEL VALLEY
JAPANESE COMMUNITY CENTER **ESGVJCC**

2019 STUDENT EXCHANGE PROGRAM SISTER CITIES OF WEST COVINA AND OHTAWARA APPLICATION FORM

STUDENT INFORMATION

Name _____ Birth date _____

Address _____

City _____ Zip _____ Home Phone _____

Cell Phone _____

Email Address _____

School _____ ESGVJCC Member ☐ Yes ☐ No

ESGVJCC programs affiliated with: _____

PARENT INFORMATION

Father _____ Mother _____

Address _____

City _____ Zip _____ Home Phone _____

Email Address _____

Father Cell Phone _____ Mother Cell Phone _____

ESGVJCC organizations affiliated with: _____

Speak Japanese ☐ Yes ☐ No

What do you want your child to gain from this program? _____

BRIDGING CULTURE, FAMILY, AND COMMUNITY

