

ホームステイ申込書(Application Form)

なまえ(カタカナ) Name(Katakana)			
なまえ(ローマ字) Name (Alphabet)			
なまえ(漢字) Name(Chinese characters)			
ニックネーム Nickname			
性別 Gender	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female	パスポートの国籍 Nationality on your passport
生年月日 Birth date	Month / Day / Year	年齢 Age	Years old
日本の住所 Address in Japan	(〒 —)		
大学・学校名 Name of University			
TEL		E-mail	

◆Do you smoke? Yes No
 ・If you smoke, is it ok if you cannot smoke in host family's house? Yes No

◆Do you mind if a member of your host family smokes? Yes No
I do not mind if they smoke in a limited area.

◆Is there anything you cannot eat? Yes No
 ・If yes, to indicate the reason, please mark × for Religion or Health, please mark △for dislike

Beef () Chicken () Pork () Mutton () Raw fish () Grilled fish ()
 Shellfish () Shrimp/Crab () Milk () Others (Please specify) _____

◆What is your religion? :

◆Do you have any routines you do for your religion? Yes No
 ・If yes, please provide us the details. (e.g., prayers, customs, food restriction, etc.)

◆Do you have any health problems or physical restrictions? Yes No
 ・If yes, please provide us the details. (e.g., illness, cigarettes, animal or food allergy, etc.)

◆Do you mind if your host family keeps pets? Yes No
 ・If yes, what animal(s) do you dislike? Dogs Cats Birds others ()

◆Do you mind if your host family has children? Yes No

◆Do you like children? Yes No
 (・If no, what age would you consider to be too young? Up to _____ years old)

◆Your native language :

◆Other language(s) which you can speak :

- * Japanese Speaking (Circle one.) 1.Native or near-native 2.Business 3.Daily conversation 4.Poor 5.None
- * Japanese Listening (Circle one.) 1.Native or near-native 2.Business 3.Daily conversation 4.Poor 5.None
- * English Proficiency (Circle one.) 1.Native or near-native 2.Business 3.Daily conversation 4.Poor 5.None