## 2018 HAWAII-OKINAWA HIGH SCHOOL STUDENT EXCHANGE PROGRAM APPLICATION TO GO TO OKINAWA (June 8-23, 2018)

Name			Age	Birthdate		
Last	First	МІ	- 0		none	
Address				Cell Ph	one	
				Grade		Sex
City	State	Zip Code				
E-mail address						
School Attending _						
Mother's Name		(c)phone _		e-mai	l:	
Father's Name		(c)phone _		e-mail	:	
List brother/s and sis	ster/s, if any:					
		( )				( )
		( )				( )
		an HUOA club? If so,				
Any special health ne	eeds or medical c	oncerns:				
Special likes or interes	ests, hobbies, spe	ecial talents:				
How well do you spe	ak and understan	d Japanese? Circle o	one: Po	or Fair	Good	
Name of school staff reference:					Position:	
Signature:			_ Contact number:			
I give permission for 2018.	my child to partic	ipate, if selected, in th	e Hawaii-Ok	inawa Student	: Exchange Progra	m from June 8-23
Parent/Guardian				Date		
Please attach an "es to learn and experier		hy you wish to go to C	Okinawa on tl	nis Student Ex	change Program-v	/hat do you hope
MUST BE TYPE WR	RITTEN as it will b	e e-mailed to Okinawa	a Board of Ed	ducation		
E-mail a headshot of	f yourself as this w	vill also be sent to Oki	nawa.			

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Deadline: Jan. 10, 2018. E-mail to: jserikaku@hawaii.rr.com

Cost: \$1,315.00 airfare (approx) Opportunity to fund raise selling Zippys' Chili Tickets