DIRECTIONS: *Please fill out all information. Full disclosure of medical or other symptoms is required so that OGSHS can prepare focused support programs, if needed. Information will remain confidential. Answers will ONLY be used to determine entry into the school.*

PERSONAL INFORMATION

Last Name (Legal Name)	First Name	Middle Name

Social Security Number or Other Official Identification Number *(Specify)*

(Home Address) Number and Street		City

(Home Address) State/Province	Postal Code	Country

(Home) Area Code and Telephone	E-Mail Address

(Place of Birth) City	State/Province	Country

Birthdate: _____   Gender: **OGSHS IS FOR GIRLS ONLY.**
Month   Day   Year

Country of Citizenship: _____

Passport Number: _____   Passport Expiration Date: _____

FAMILY INFORMATION *(Indicate which parent you live with if you do not live with both.)*

Mr. Mrs. Ms. Dr.	Parent/Guardian's Full Legal Name

(Parent's Home Address) Number and Street	City

(Parent's Home Address) State/Province	Postal Code	Country

Relationship to you	Occupation

Employer Name	Business Area Code and Telephone

Home E-mail	Business E-mail

FAMILY INFORMATION *(Continued.)*

Mr. Mrs. Ms. Dr.   Parent/Guardian's Full Legal Name
_____

(Parent's Home Address)   Number and Street   City
_____

(Parent's Home Address)   State/Province   Postal Code   Country
_____

Relationship to you   Occupation
_____

Employer Name   Business Area Code and Telephone
_____

Home E-mail   Business E-mail

1. How many brothers and sisters do you have?   Brothers: _____   Sisters: _____

2. What kinds of activities do you do together with your family? How often?
_____
_____

3. What chores are your responsibilities at home?
_____

4. Describe your interests, hobbies, and activities.
_____
_____

5. List the one activity or hobby you would like to continue in Japan, *if possible.*
_____

6. Which religious services, if any, are you interested in attending in Japan*?*
_____

7. Do you have any diet restrictions*? IF YES, please describe.* _____

HOST FAMILY PLACEMENT

1. Can you live in a home that has cats and/or dogs? _____

2. Can you live in a home where at least one person smokes? _____

3. Some host families may have a single parent, no children at home, or be younger parents under 30. Can you be considered for all types of placements? _____

4. Do you have any requests concerning a host family? *OGSHS will attempt to honor your request.*

_____

_____

ACADEMICS AND LANGUAGE STUDY

1. Circle the type of school you now attend. Homeschool   Academic   Magnet   IB _____
   OTHER. Specify.
   NOTE: *Homeschoolers need to be affiliated with a local USA high school before formal acceptance.*

2. How many years of high school will you have completed when you begin school in Japan? _____
   When do you expect to graduate from your home high school? *Write mon. and yr.:*_____

3. What academic subject do you like the most and why?

_____

_____

4. What is your native language? _____

5. What languages have you studied and for how many months and years? *Write languages on the lines provided and then indicate the years and months you have studied each. Include Japanese. Formal study refers to language courses taken in high school or at a university for which credit was received. Informal study refers to the non-credit study of a language in, for example, an international club.*

LANGUAGE	FORMAL STUDY TIME	NON-FORMAL STUDY TIME

NOTE: YOUR APPLICATION MUST CONTAIN A CURRENT ACADEMIC TRANSCRIPT.

CERTIFICATE OF HEALTH AND INSURANCE *(QUESTIONS 1, 2, AND 3 MUST BE COMPLETED BY A PHYSICIAN WHO HAS EXAMINED THE STUDENT IN THE LAST 6 MONTHS.)*

1. Does the student have a medical, mental health, or behavioral symptom that will need to be treated while in Japan? IF YES, PLEASE SPECIFY.

2. Is the student on any prescription medication that will need to be continued in Japan? IF YES, *specify what medication and the dosage and frequency. PLEASE NOTE: A few medications are restricted in Japan. Please have the student check with OGSHS. When traveling, students should carry a prescription for their medication and leave the medicine in its original pharmacy bottle.*

3. In your opinion what is the overall state of the student's health? Explain your answer.

Physician's Signature:

Physician's Name (Print):

Physician's Address:

Physician's Address:

Physician's Phone with Area Code:

4. **All students MUST have health insurance in Japan.** *If your current insurance will provide coverage, write below the company name, the policy number, and a phone number.* **Provide OGSHS with insurance information prior to departure from your home country.**

TERM

Terms (both semester and year) begin April 11 and September 1. Terms starting April 11 end July 20 if semester and March 31 (actual ending date varies by grade level) of the next year if year. Terms starting September 1 end December 20 if semester and July 20 of the next year if year. Applications can be submitted 12 months prior to enrollment. The deadline is 3 months prior to enrollment.

1. Are you applying for a year term or a semester term?   CIRCLE ONE.   YEAR   SEMESTER

2. In what month do you wish to begin?   CIRCLE ONE.   APRIL   SEPTEMBER

3. Write here the month and year you wish to enroll at OGSHS. _____

PHOTOS REQUIRED

Include four (4) passport size and type photos and one casual photo with you and your family at home. Place the photos in an envelope, write your name on the envelope, and clip the envelope to the application.

PARENT AND STUDENT AGREEMENTS

PARENT: I have given my child permission to apply to the Osaka Girls' Senior High School and to attend, should she be accepted. I will be responsible for, and will pay, the tuition fees listed in the web site. I understand that Japanese Immigration requires that those applying for the pre-college visa provide documentation that all expenses in Japan can be paid. If my daughter is accepted, I will provide the necessary financial statements to verify this.

Parent's/Guardian's Signature: _____

Parent's/Guardian's Name (PRINT): _____

Date: _____

STUDENT: I understand that OGSHS forbids smoking on school grounds and that my host family may have objections to anyone smoking in their home. I agree to honor OGSHS and my host family smoking rules. I have discussed this application with my parents. I have completed all questions in the application completely and truthfully. I will abide by all rules of the Osaka Girls' Senior High School and my host family, if I am accepted by the school.

Student's Signature: _____

Student's Name (PRINT): _____

Date: _____

PRIMARY OGSHS CONTACT WHO HELPED COMPLETE THIS APPLICATION:

_____

MAIL APPLICATIONS TO:
OSAKA GIRLS' SENIOR HIGH SCHOOL, International Student Program,
2-8-19 Tennoji-cho, Minami, Abeno-ku, Osaka 545-0002, JAPAN