## 2017 Hawaii Okinawa Student Exchange Program Host Student Application for Feburary 18, 2017 – March 4, 2017

## Application Due December 10, 2016

Please Type or Prin	ıı	
Name:	t , M.I.	Age: Birthdate:
		Please Circle one: Male / Female
Mailing Address:		_ Please Circle one: Male / Female
-	City, State, Zip Code	_ Current Grade:
Email Address:		Home Phone:
School Attending:		Cell Phone:
Mother's Name:		Mother's Cell #:
Mother's Email:		_
Father's Name:		Father's Cell #:
Father's Email:		_
List siblings if any:	Name / Age / Sex	Name / Age / Sex
	Name /Age /Sex	Name / Age /Sex
For School Staff Name of School St	aff:	Position:
Signature:		Contact #:
For School Principal I give permission for my student to participate in the Hawaii-Okinawa Student Exchange Program.  Signature: Date:		
For Parent / Gardian I give permission for my student to participate in the Hawaii-Okinawa Student Exchange Program.		
Signature:		Date:

## Please Email the host application and your picture by December 10, 2016

Jane F. Serikaku, Hawaii United Okinawa Association, 94-587 Ukee St., Waipahu, HI 96797

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