

CENTRE VISIT APPLICATION FORM

Please download this form, fill in, sign, and send to language@jpf.org.au

SCHOOL

SCHOOL NAME					
ADDRESS					
TOWN		STATE		POSTCODE	

CONTACT TEACHER

NAME				
EMAIL				
PHONE				

NO. OF CHAPERONES	
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DATES AND TIMES	DATE	ARRIVAL	DEPARTURE
1ST PREFERENCE			
2ND PREFERENCE			

Program FILM ONLY / LESSON ONLY / FILM AND LESSON

FILM SELECTION	
LESSON TOPIC	

WHAT ARE YOUR EXPECTATIONS FROM THIS VISIT?

STUDENTS

YEAR LEVEL		TOTAL NUMBER OF STUDENTS	
NUMBER OF BOYS		NUMBER OF GIRLS	

TEXTBOOK			
UNIT/LESSON			
HIRAGANA READ		HIRAGANA WRITE	
KATAKANA READ		KATAKANA WRITE	
NO. KANJI READ		NO. KANJI WRITE	

OTHER COMMENTS

Photo permission (Please print and sign)

Photos may be taken during the Centre Visit. Some may be used for future promotion.

It is the teacher's responsibility to advise The Japan Foundation, Sydney in advance if there are any students who cannot be photographed.

I have read and agree with the above statement

Signed

Name

Date