

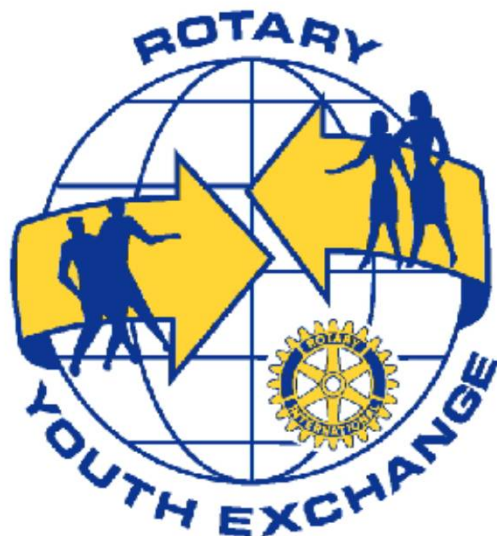
長期青少年交換プログラム Application Form(申請書)

ロータリー青少年交換(YE)
長期交換プログラム申請書
を作成するときの指導要領パワーポイント

長期青少年交換プログラム申請書

正確に記入する

Rotary Youth Exchange
Long-Term Program Application



Submit completed application to:

〒460-0003 名古屋市中区錦2丁目15番15号
豊島ビル3F
国際ロータリー第2760地区ガバナー事務所
青少年交換委員会 事務局

Number of Copies of Application to be Submitted:

LTEP用 Applicationは

RIJYEC のホームページより取得してください。

各項目を入力し、保存(save)しながら、完成させてください。

『PDF書類作成のヒント』

および

次ページの 記入上の注意点

を参考に作成するように

Instructions for Rotary Youth Exchange Program Application

Read all directions on each page carefully before completing the application. Use the checklist on the last page to ensure that you have completed all sections and obtained all necessary signatures.

If you are accepted as an exchange student, this application will be sent to your host country and will serve as your introduction to the people who are being asked to host you. The information you provide will help to determine your acceptance in the Rotary Youth Exchange program, and your placement in a host family, school, and community. Furthermore, your information will be provided to Rotary International. It will only be used for official RI business and will not be sold to or shared with third parties, unless its release is required by law.

Components of Your Application

Your application consists of:

- All forms in this application, along with your student and parent letters (Section B)
- Any additional information or reports from your doctor or dentist
- Copies of your passport or birth certificate
- Copies of your school transcript

Filling Out Your Application

Your application must be legible. Only computer-generated (or typed) applications are accepted (no hand-written applications). Answer all questions completely and as asked (do NOT write "same," "see above," or "see page ___"). Enter your information directly onto the application unless directed otherwise. Make sure to use correct grammar and spelling. Make note of the formats specified for data fields and other items.

Wherever the application asks for your full legal name, enter your name exactly as it appears on your passport or birth certificate.

Printing Your Application and Signing the Forms

You may need to submit several complete sets of this application – your local Rotary district/club will tell you how many sets are required. You may also wish to make an additional set for your own records. Be sure to provide computer-printed forms or good-quality photocopies. All signatures on all sets must be ORIGINAL and with BLUE ink. To accomplish this:

1. Complete the application form. Do not sign it.
2. Print the required number of sets of the completed application (if using a typewriter, make good-quality photocopies of your original).
3. Sign all of the sets yourself, then have your parents/legal guardians sign all sets.
4. Medical and dental forms: Ask your physician and dentist to make the appropriate number of photocopies of the completed medical/dental form before signing it and then to sign each copy in blue ink.

The photo of yourself that you attach to Section A, page 1, and the photos required by Section B, must be original photographs or good quality color prints on all sets. You may digitally insert the photos into the document, or physically attach them with glue or two-sided tape (no staples).

Additional Instructions

1. The deadline for this application will be established by the sponsoring Rotary District and local Rotary Club. Applications WILL NOT be accepted after the deadline date. They will also dictate the number of copies you are required to submit.
2. Hand-written applications will not be accepted. Use Acrobat Reader to complete your application, or, if necessary, a typewriter.
3. Collate the sets appropriately, attach all photos where indicated, include your letters/photos (Section B), and your checklist (final page). Do not submit this instruction page or the cover page that precedes it.
4. It is the student's responsibility to ensure that the School Reference Form (Section H) is completed and sent in by the teacher/administrator in time for the application deadline.
5. When putting the applications together, use only PAPER CLIPS. Do not staple or otherwise bind your applications.

Questions?

If you have any questions about completing this application, check with your local Rotary club's Youth Exchange Officer. Once you've completed your application, return it to your local Rotary club/district as they've instructed.

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotarians, Rotarians' spouses and partners, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual, and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006

ロータリー青少年交換 長期プログラム申請書 初めて記入する人のための解説書 次頁以降、同一の項目を記入するときは、すべて、下記りゅいい時効を適用すること

- ①氏はすべて大文字、名は第1文字のみ大文字。 キーボード入力か、手書きならブロック体（活字体） 氏と名の順番はどちらが先でもよいが（名+氏に統一）
秋山あきこ は Akiko AKIYAMA
- ②二者択一、該当するところを選ぶ四角（チェックボックス）の中は、大文字か小文字の X を入れること。コンピュータによっては、レ 点は文字化けする場合があるので注意。
- ③住所は日本の郵便屋さんが迷わずに配達できる表記を心がけること。
新町1丁目3-2なら、Shinmachi 1 Chome 3-2が親切。
1-3-2 Shinmachi でもよいが、番地は順序を逆にすると丁目が判らなくなる。
- ④電話番号は +81- (0) 52-722-5530 +81- (0) 90-2186-7408のように書く。
+ は国際番号だということを表す。 81 は日本の国番号。局番の (0) は不要だが、日本国内から掛ける場合は必要なのでカッコに入れる。
- ⑤国籍 欄に Nationality とあれば、 Japanese
Citizen of の続きなら Japan
- ⑥e.g. は for example の略。 例えば、という意味
- ⑦日付は 普通 日/月/年の順に数字で。
月を英語で書けば、月/日/年でもよい。 順番の指定が特にない場合は、英語月/日/年が間違いを避けてよい。
2017年5月10日 = 10/05/2017 = 10/May/2017 = May/10/2017
- ⑧兄弟姉妹の情報。 幼稚園=preschooler 小1=1st grader 小2=2nd grader
小3=3rd grader 小4=4th grader 小5=5th grader 小6=6th grader
1年生から高3年生まで通し番号で表記することで、小学校、中学校、高校の呼称が省略できる
中学1年=7th grader 中学2年=8th grader 中学3年=9th grader
高校1年=10th grader 高校2年=11th grader 高校3年=12th grader
- ⑨学年数は日本の高校では3学年生だから 3学年=3grades
- ⑩在籍学年は、中3=9thgrade、高1=10thgrade、高2=11thgrade
- ⑪学校から英文の成績書を出してもらいますので、コース名と履修科目については申請者の学校ではどう表記しているか、先生に尋ねるのがいい。一般例として
普通科 = General course
理数コース = Science and Math Major course
芸術コース = Art and Music course
商業科 = Business and Commerce course
工業科 = Engineering and Technology course
- ⑫全校生徒数
- ⑬申請者の属する学年の全生徒数
- ⑭成績順位の分母は⑪の学年生徒数。いわゆる【組】の生徒数ではない。
- ⑮担任なら Ichirou SUZUKI、Homeroom teacher。 校長なら Jiro FUJI、Principal
- ⑯このページの右上に申請者の名前を記入するところがあります。別紙を足した時には、これと同じ様に別紙の右上に必ず氏名を書きます。これは万が一バラバラになった時にも、誰のものかわかるようにするためです。
- ⑰1か月間ある薬を 5mg1日3回、服用したら 5mg/3 times/day for a month
- ⑱1992年にはしかに罹ったなら、Measles(rubeola)の横に Had in 1992
罹っていなかったら、Noneまたは N/A
5.に上がっている病名の横は『その他』を含めて、すべて埋めること。
6.の疾病に対しても予防注射（接種）を受けていることが留学の条件であり、空欄はあり得ない。
- ⑲医師の氏名はキーボード入力か、手書きならブロック体（活字体）で。
- ⑳校長名、Principal 例えば、Jiro FUJI、Principal
- ㉑空港コードは http://k-tanaka.net/airport/airport_code.html で調べて記入するように
- ㉒スポンサーロータリークラブ会長名、 President 例えば、Saburo SATO、President

学生本人情報を記述

手書きは極力避けること
邦文の申請書を参考にして記入する

Rotary District **スポンサー地区を入力**
 Rotary Youth Exchange
 Long-Term Exchange Program
 Section A: Personal Information

写真（笑顔！）
 カラー
 これであなたは
 判断されます

写真:笑顔で(カラーなるべく『見栄え』いいものを！)
 これであなたを受け入れるかを相手は判断します

Before you begin your application, please read the instructions on the prior page.

1. Applicant Information

Full Name: ① Katsumoto KURODA
 How you would like to be addressed: Mr. Ms. Other

Home Address: ③ Shinmachi 1chome ,3-2
 City: Nagoya State/Province: Aichi Postal Code: 464-0042 Country: JAPAN

E-mail Address: ④ K-kuroda@sa.maruo.ac.jp

City/State/Province/Country: 市・県・国の順で Nagoya,Aichi,JAPAN Nationality: ⑤ Japanese Date of Birth: ⑥⑦ 10/May/2017

以降のページで同一の項目

(名前、住所、チェック項目...)

2. Parent/Legal Guardian Information

Full Name of Father/Legal Guardian: _____ Rotation? Yes No

Address - Street: _____ City: _____ State/Province: _____ Postal Code: _____ Country: _____

E-mail Address: _____ Home Phone Number: _____ Mobile Phone Number: _____

Occupation: _____

Full Name of Mother/Legal Guardian: _____ Rotation? Yes No

Address - Street: _____ City: _____ State/Province: _____ Postal Code: _____ Country: _____

E-mail Address: _____ Home Phone Number: _____ Mobile Phone Number: _____

Occupation: _____

Emergency Contact Priority: 緊急連絡先の優先順位 ② X ①
 Divorced/Separated Parents: 両親の離婚・別居状況 Yes No

保護者(両親)の情報を入力する

がでてきたら、

最初の留意点と同じように

記入すること、

氏名(パスポートと同じつづりで)
 ①氏はすべて大文字、名は第1文字のみ大文字。キーボード入力か、手書きならブロック体(活字体)。氏と名の順番はどちらが先でもよいが、この書類は名1氏1で記入すること。
 黒田 かつもと は Katsumoto KURODA

②二者択一、該当するところを選ぶ四角(チェックボックス)の中は、大文字か小文字の X を入れること。
 レ点(点)はコンピュータによっては、文字化けする場合がありますので注意。

③住所は日本に郵便屋さんが迷わずに配達できる表記を心がけること。
 新町1丁目3-2なら、Shinmachi 1 Chome、3-2が親切。
 1-3-2 Shinmachi でもよいが、番地は順序を逆にすると丁目が判らなくなる。

④電話番号は +81-(0)51-722-0000 +81-(0)90-2186-7408 のように書く。
 + は二番番員がしることを表す。8 は日本の国番号。
 局番の(0)は不要だが、日本国内から掛ける場合は必要なのでカッコに入れる

E-Mailアドレスは 派遣先でも使えるものを今から取得すること
 携帯メールでは、多量の資料をメール添付する場合があります、NG)

⑤国籍 (Nationality) とあれば、 Japanese
 Citizen of の続きなら Japan

⑥e.g. は for example の略。例えば、という意味

⑦日付は普通 日/月/年の順に数字で。
 順番の指定が特でない場合は、日/英語月/年が間違いを避けてよい。

2017年5月10日 = 10/05/2017 = 10/May/2017

3. Sponsor District and Rotary Club

Sponsor District Number: _____ E-mail Address: _____
 あなたを推薦している 地区・クラブの状況を
 確認して、入力すること (自分で調べるように)

学生本人・家族の状況・言語・学校の情報进行記述

Applicant Name

4. Personal Background

食事制限の内容を具体的に記入する (explain with details - e.g., vegetarian, vegan, allergic to...)

Do you smoke or use tobacco products?
 Yes No

Do you drink alcohol?
 Yes No

Have you ever used illegal drugs?
 Yes No

Do you have a steady boyfriend/girlfriend?
 Yes No

Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or country assignments.

食事制限あるときは正直に記入すること

必ず『NO』にチェックを！

NOでない学生は留学不可

②二者択一、該当するところを選ぶ四角(チェックボックス)の中は、大文字か小文字の X を入れること。レ点はコンピュータによっては、文字化けする場合があるので 注意。

5. Siblings (add pages as necessary)

Name	Gender	Age	Occupation or School Grade/Level	Living at Home?
	<input type="checkbox"/> Male <input type="checkbox"/> Female	⑧		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No

家族の情報

⑧兄弟姉妹の情報。

幼稚園=preschooler 小・中・高校生は Student で表記

語学の程度の評価は 学校の先生に確認を

うそ で上位評価は、後に苦勞する!

6. Languages

Your Native Language	Proficiency in Non-Native Language(s) (Indicate Poor, Fair, Good, or Fluent)			
Non-Native Language(s)	Years Studied	Speaking	Reading	Writing
理解する言語を学校に評価してもらい記入すること(正直に)				

⑨学年数は日本の高校では3学年制だから 3学年=3grades

中学は、学校名で判断可能なため、中3は=3gradesとする

⑩在籍学年は、中3=3、高1=1、高2=2(学校名で判断可能なため)

⑫卒業までの年度は、高校卒業までを記入(作成時点での)

7. Secondary School Information

Name of Secondary School You Currently Attend	School Phone Number ④電話	School Fax Number ④FAX
Address - Street: ③住所	City	State/Province
Postal Code	Country	
Number of grades/levels at your school ⑨	Your current grade level (e.g., 10 th , 11 th) ⑩	Month and year you expect to graduate ⑬
No. of years you've attended this school		
List the courses you are currently taking ⑪		
Consult with a school official or guidance counselor to find out the following information:		
Total number of students at your school ⑫	Number of students in your grade level ⑬	Your approx. class ranking (e.g., top 10%, 12 th of 50) ⑭
Name and title of school official or counselor that you consulted ⑮		E-mail address of school official or counselor

Attach a transcript, in English, of all secondary school courses completed with grades you received. Also attach your most recent grade report from the current year.

⑪学校から英文の成績書を出してもらうので
コース名と履修科目については申請者の学校の表記を確認する。
一般例として

普通科 = General course
 理数コース = Science and Math Major course
 芸術コース = Art and Music course
 商業科 = Business and Commerce course
 工業科 = Engineering and Technology course

⑫全校生徒数

⑬申請者の属する学年の全生徒数

⑭成績順位の分母は⑪の学年生徒数。いわゆる【組】の生徒数ではない。

⑮担任なら Ichirou SUZUKI, Homeroom teacher
 校長なら Jiro FUJI, Principal

自己紹介・家族からの推薦状 … の 英文で

Rotary District _____

Applicant Name _____

自動的に表示されます

Rotary Youth Exchange – Long-Term Exchange Program

Section B: Letters and Photos

Student's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions in your letter, providing as much detail as possible (if you need help generating details, also consider the italicized questions in parentheses).

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your name on each. Attach your letter to this page. Maximum length: 3 pages.

1. What do you do when you have free time?
2. What do you do at your school? (*How many subjects do you take? What are they? How long are the classes? What is your daily schedule during the school year? Start with when you wake-up and discuss only one typical day's schedule.*) Are you able to choose courses at your school? If so, which courses did you choose, and why?
3. What are your school interests and activities? What leadership positions have you held?
4. How would you describe your home? (*Do you have your own room, or do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride a bus, or walk to school?*)
5. What are the occupations of your mother and father? (*What product or service does each make or perform? What is her/his position or title?*)
6. How would you describe your community? (*Is it in or near a major city? What is the population? industry? economy?*)
7. What are your interests and accomplishments? (*Are you interested in art, literature, music, sports, other activities? How did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?*)
8. What trips have you taken outside your country? Why did you take these trips, with whom, for how long?
9. What things do you dislike? (*Do you dislike certain foods, animals, treatment by other people, etc.?*)
10. What do you feel are your strong, and weak, characteristics?
11. What are your plans and ambitions for your education and career? Why?
12. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

応募者本人への質問に答える

自分で考え、英訳 すること

各項目に対し答えること

A4に 2-3枚で

(10-11ポ)のタイプを使用すること

1枚~1.5枚では短い。

苦手なこと、物、動物等ははっきり明示する

手書きは基本的に **だめ** とします

Parent's Letter

Write a letter to your child's host club and families, incorporating your answers to the following questions in your letter.

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your child's name on each. Attach your letter to this page. Maximum length: 2 pages.

1. How would you describe your child's relationship with you and your family? with his/her friends?
2. How does your child react to disagreement, discipline, and frustration?
3. How does your child handle challenging or difficult situations?
4. What amount of independence do you give to your child? What is your child's level of maturity?
5. What makes you proud of your child?
6. Why do you want your child to be an exchange student?
7. Are there any other comments you would like to share with the host families?

保護者への質問に答える

(保護者自身で作成してください)

(相手のクラブ、ホストファミリー向けです)

(サンプルを参照してください:本人のいい点を強調してください)

留意点は上記と同様です

最長で **A4 2ページまで** とする

自己紹介・家族からの推薦状 … の 英文で



District

Applicant Name

① ⑩ 申請者の名前

Rotary Youth Exchange – Long-Term Exchange

Section B – Student's Letter (Page of)

Student's Letter

1.
2.
3.

A4 2~3ページ/
10~10.5ポ

12.

①氏はすべて大文字、名は第1文字のみ大文字。
キーボード入力か、手書きならブロック体(活字体)

氏と名の順番はどちらが先でもよいが(名+氏に統一)

秋山あきこ は Akiko AKIYAMA

⑩このページはこの書式を使用し、自己紹介等を作成します

Section B1-Student's Letter

Section B2-Parent's Letter を使用します

この自己紹介文の右上に必ず氏名を入力してください。
これは万が一バラバラになった時にも、誰のものかわかるようにするためです。

自己紹介・家族からの推薦状 … の 英文で



District

Applicant Name

① ⑩ 申請者の名前

Rotary Youth Exchange – Long-Term Exchange

Section B – Parents Letter

Parent's Letter

1.

2.

7.

サンプル文書は

A4紙 2ページ /
10～10.5ポ

『申請書チェックリスト』

の後にあります

①氏名はすべて大文字、名は第1文字のみ小文字。
キーボード入力か、手書とならブロック体(活字体)

氏と姓の順番はどちらが先でもよいが(名+姓に統一)

山崎 太郎 は Taro AKIYAMA

⑩このページはこの書式を使用し、自己紹介等を作成します

Section B1-Student's Letter

Section B2-Parent's Letter を使用します

この自己紹介文の右上に必ず氏名を入力してください。
これは万が一バラバラになった時にも、誰のものかわかるようにするためです。

自己紹介・家族紹介… の 写真（カラー）

Applicant Name

自動的に表示されます

Student's Photos

Select a color photograph for each topic below, and digitally insert or attach each photo to this page with glue or double-sided tape (do not staple). Include brief captions, to describe the photos.

MY FAMILY	MY SPECIAL INTEREST
<p><i>Photo that includes members of your immediate family</i></p>	<p><i>Photo of you participating in your favorite hobby or activity</i></p>
SOMETHING IMPORTANT TO ME	MY HOME
<p><i>Photo of your friends, pet, musical instrument, etc.</i></p>	<p><i>Photo of your house or building where you live</i></p>

写真(カラープリントする)

必要なら 短いコメントを

デジカメで撮影し、コピー＆ペースト
で該当欄に挿入する

または

印刷し、両面テープまたは糊付けで 貼付

この写真であなたを判断します。

見栄えのいい写真を使用する

病気、既往症（医師が記入）

⑩このページの右上に申請者の名前を記入するところがあります（ACROBATで作成する者は、自動的に表示されるはずですが）。
別紙を足した時には、
 これと同じ様に別紙の右上に必ず氏名を書きます。
 これは万が一バラバラになった時にも、誰のものかわかるようにするためです
 * 次頁以降、追加のページがある場合、これに準じること。

Rotary District Applicant Name ⑩

Rotary Youth Exchange - Long-Term Exchange Program
Section C: Medical History and Examination

Physician: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may not complete the examination or fill out this form.
 Please type or print clearly. Please submit multiple copies of the form as directed, with original signatures in blue ink on each copy.

Applicant's Full Legal Name		Date of Birth		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Home Address - Street	City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Mobile Phone Number		

カバーページの情報が自動的に表示されます

主治医になってからの年数を記入

Medical History

1. How long has the applicant been the patient of the physician?

2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:

	Yes	No		Yes	No
a. Allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	②	p. Liver disease/hepatitis	<input type="checkbox"/>
b. Anorexia/bulimia/other eating disorder*	<input checked="" type="checkbox"/>	<input type="checkbox"/>		q. Malaria	<input type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>		r. Menstrual disorders	<input type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>		s. Mental disorders*	<input checked="" type="checkbox"/>
e. Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>		t. Pneumonia	<input type="checkbox"/>
f. Attention deficit disorder*	<input checked="" type="checkbox"/>	<input type="checkbox"/>		u. Rheumatic fever	<input type="checkbox"/>
g. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>		v. Serious headache/migraine	<input type="checkbox"/>
h. Cancer	<input type="checkbox"/>	<input type="checkbox"/>		w. Stomach ulcer	<input type="checkbox"/>
i. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		x. Typhoid fever	<input type="checkbox"/>
j. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>		y. Urinary tract infection	<input type="checkbox"/>
k. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>		z. Vertigo/dizziness	<input type="checkbox"/>
l. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>		aa. Visual correction - eyeglasses/contact lenses	<input type="checkbox"/>
m. Hernia	<input type="checkbox"/>	<input type="checkbox"/>		ab. Other problem - other	<input type="checkbox"/>

3. Has the applicant:

a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or laboratory for observation, examination, or treatment not revealed in question 2?	<input type="checkbox"/>	<input type="checkbox"/>	②
b. Taken any prescribed medication in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	
c. *Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Had excessive weight gain or loss recently?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	<input type="checkbox"/>	<input type="checkbox"/>	
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	<input type="checkbox"/>	<input type="checkbox"/>	
j. Suffered weakness of neurological or muscular skeletal system?	<input type="checkbox"/>	<input type="checkbox"/>	
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):	<input type="checkbox"/>	<input type="checkbox"/>	

If you answered "Yes" for any parts of questions 2 and 3, please explain:
 *Affirmative answers to questions 2b, 2f, 2g, and/or 3c require a letter of explanation from the treating physician.

Question (e.g., 2a)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment	Date and duration

自分で記入してはいけません
 医師に提出して記入してもらうこと

チェックマークは X で
 ②二者択一、該当するところを選ぶ四角(チェックボックス)の中は、大文字か小文字の X を入れること。
 レ点は コンピュータによっては、文字化けする場合がありますので注意。

注) 2b、2f、2h、2i、2q、3c が『YES』の場合は、
 医師による【診断書】が必要です

該当する場合は確実に情報を記入する

確実に記入すること。
 虚偽ある場合は、重大なトラブルを引き起こします

既往症・接種(医師が記入)

The image shows a medical form with several sections. Red arrows point from text boxes to specific fields on the form:

- Arrow 17 points to the 'Prescribed Medication' table.
- Arrow 18 points to the 'Measles (rubella)' field in the infectious diseases section.
- Arrow 19 points to the 'Physician's Name' field at the bottom.

Handwritten annotations include:

- A large blue diagonal stamp: 『申請書チェックリスト』の記入の後にあります
- A yellow diagonal stamp: 追加が必要な場合
- A red diagonal stamp: 医師に提出して記入は必ずしも

⑬このページの右上に申請者の名前を記入するところがあります。

別紙を足した時には、これと同じ様に別紙の右上に必ず氏名を書きます。

これは万が一バラバラになった時にも、誰のものかわかるようにするためです。

⑭二者択一、該当するところを選ぶ四角(チェックボックス)の中は、大文字か小文字の X を入れること。レ点はコンピュータによっては、文字化けする場合があるので注意。

持病のための薬を持参する場合は、必ず記入する

⑮1か月間ある薬を 5mg1日3回、服用したら
5mg/3 times/day for a month

母子手帳、カルテ等で記入してもらう

⑯年によしかに種... M... (ola)の横に Had in 1992
... one または N/A
... 病名の... その... めて、すべて埋めること。

⑰... (接種)を受けていることが留学の条件
... あり得ない

⑱ツベルクリン反応の結果 と同様(6,7共に)

次のページの『Section 10 Appendix A』を使用する

⑲異常がある場合は別紙に詳細情報を書いてもらうこと。
⑳直に記入する。留学後... とすると途中帰国もありうる。

⑲医師の氏名はキーボード入力か、手書きならブロック体(活字体)で。

署名は必ず **ブルーインク(ボールペン)**で!!

①氏名 Katsumoto KURODA
医者の『医院スタンプ』もできるだけ押印する

病気、既往症・接種(医師が記入)



Rotary Youth Exchange – Long-Term Exchange Section C – Appendix C1 (Medical history and Immunization)

Applicant Name : 申請者氏名 _____

Date of Birth 誕生日 : _____ Sex 性別 : male female

The above applicant has on the date been vaccinated as follows (Please refer to the Appendix C1, May/2017)

Inoculation(immunization) 接種	Date #1	Date #2	Date #3	Date #4	Date #5	Date #6
DT/Dtap/Tdrop ジフテリア、破傷風、百日咳						
Inactivated Poliovirus ポリオ						
Measles はしか						
Rubella 麻疹						
Mumps おたふくかぜ						
Chicken pox (Varicella) 水痘						
Japanese Encephalitis 日本脳炎						
Hib インフルエンザ菌b型						
PCV7 肺炎球菌						
Hepatitis A A型肝炎						
Hepatitis B B型肝炎						
HPV ヒトパピロマウイルス						
Meningococcal MCV4 髄膜炎						
Typhoid 傷寒						
Influenza インフルエンザ						
Additional Comments その他 接種済						

The antiviral antibody on (Day/Month/Year) _____ (Please refer to the Appendix C1, May/2017)

Measles NT はしか	
Rubella HI 麻疹	
Mumps ELISA/IgG おたふくかぜ	
Chicken pox IAHV 水痘	
Others ()	

Tuberculosis screening: (Please refer to the Appendix C1, May/2017)
結核検査結果: 申請者(最近3ヶ月以内)の結核検査結果を提出しなければならない。
Date of screening 検査日 () Yr () Result/diagnosis 診断結果 (Positive 陽性 / Negative 陰性)

If this record shows the applicant received a BCG vaccine, this is to certify that the above applicant has NO Tuberculosis following examination's results. 上記検査結果が陽性の場合またはBCG接種が申請者におこなわれた場合、下記検査結果を提出し、感染していないことを証明する必要があります。

Test 検査	result 診断	Date 診断日
<input type="checkbox"/> Chest X-ray : X線検査	Positive 陽性 / Negative 陰性 Comment 結果	
<input type="checkbox"/> interferon-gamma release assay: IGRA インターフェロン遊離試験(どちらか)	Positive 陽性 / Negative 陰性	
<input type="checkbox"/> Quanti FERON-TB test(QFT)	Positive 陽性 / Negative 陰性	

I, the undersigned, certify that the above Immunization Record is accurate.
上記予防接種の履歴および特定の感染性疾患の罹患歴にまちがいないことを証明します。

Physician's Name : 医師氏名 _____ STAMP 診断印または医師の印

Signature 署名 : _____

Physician's address, 住所 _____
phone _____ fax _____ Date of issue: 作成日付 _____

申請者の名前を記入すること

・できる限り、接種を行った【病院】の専用レターフォームを使うこと

(接種の項目が合っていれば、Formは問はない)

・賞状は、渡航前、3か月以内に証明書を発行してもらう

(有効期限3か月であり、渡航1-2か月前に取得すること)

・記載の接種はすべて、埋めること

・接種に関する留意点をよく読んで、対応すること

接種に関しては、
(特にUSAへは『後進国』です！
接種は非常に厳しい場合がある)

歯の状況（医師が記入） 歯は必ず、出発前までに日本で治療完了する

Rotary District Applicant Name

Rotary Youth Exchange – Long-Term Exchange Program

Section D: Dental Health and Examination

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may not complete the dental examination.

Please type or print clearly. Please submit multiple copies of the form as directed, with original signatures in blue ink on each copy.

Applicant's Full Legal Name		Date of Birth		<input type="checkbox"/> Male	
Home Address - Street		City	State/Province	Postal Code	Country
E-mail Address					

Dental Examination

1. Is the applicant in good dental health? Yes No
2. Does the applicant require dental work at this time? Yes No
3. Do you foresee the applicant requiring any dental work while abroad?
If yes, please explain below (use space at bottom or additional pages if needed):

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

Dentist's Name (type or print)

Dentist's address, phone, and fax (type or print)

① 医者の「医院スタンプ」を押印する

追加コメントあればここに記入してください。

(別紙が必要なら、
⑯このページと同じ様に別紙の右上に必ず氏名を書きます。
これは万が一バラバラになった時にも、誰のものかわかるようにするためです。)

自動的に表示されます

追加が必要な場合

の記入用紙は

『申請書チェックリスト』

の後にあります

②二者択一、該当するところを選ぶ四角(チェックボックス)の中は、
「X」か「ピ」を入れると
「X」か「ピ」は、デジタル化する場合があるので注意。

①氏はすべて大文字、名は第1文字のみ大文字。
キーボード入力か、手書きなら「ロック」(半角英字)
氏と名の順はどちらが先でもいいが(姓+氏)
山あきこは AKIYAMA AKIKO

署名は必ず ブルーインク(ボールペン)で!!

Guarantee Form 派遣学生＝派遣元(スポンサー)の保証書式

Rotary District _____ Applicant Name _____

Rotary Youth Exchange – Long-Term Exchange Program

Section E: Student, Parent, & Sponsor Endorsements
(Guarantee Form / Visa Application Supporting Document)

Full Legal Name as on passport or birth certificate (use appropriate for your FAMILY name; e.g., John David SMITH)		Name You Wish to be Called		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Home Address – Street	City	State/Province	Postal Code	Country
Postal Address (if different) - Street	City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number		Mobile Phone Number	
Place of Birth (City, State/Province, Country)	Citizen of (Country)		Date of Birth (e.g., 25/Jan/1999)	

自動的に表示されます

(A) APPLICANT GUARANTEE I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered by my sponsor and host districts and clubs; and (4) not request permission to stay in my host country; and (5) return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the above applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club/district to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The Undersigned APPLICANT and PARENTS/GUARDIANS hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school.

Signed (Applicant) (in blue ink) Katsumoto KURODA	Date (e.g., 25/Jan/2012)		
Signed (Father/Guardian) (in blue ink) Kurobei KURODA	Date (e.g., 25/Jan/2012)	Home Phone	E-mail
Signed (Mother/Guardian) (in blue ink) Katsuko KURODA	Date (e.g., 25/Jan/2012)	Home Phone	E-mail
Witness (Sponsor Rotary club representative) (in blue ink) Rotarou ROTARY	Date (e.g., 25/Jan/2012)	Home Phone	E-mail

署名は必ず **ブルーインク(ボールペン)** で！！

(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

Sponsor District #	Sponsor Club name	Sponsor Club to #
Name of District Youth Exchange Chair 派遣地区委員長情報	Name of Sponsor Club President 派遣クラブ(スポンサー)情報	Name of Sponsor Club Youth Exchange Officer
Street Address of District Youth Exchange Chair	Street Address of Sponsor Club President	Street Address of Sponsor Youth Exchange Officer
City, State, Postal Code of District YE Chair	City, State, Postal Code of Sponsor Club President 会長	City, State, Postal Code of Sponsor Youth Exchange Officer 青少年交換委員長
E-mail Address of District Youth Exchange Chair	E-mail Address of Sponsor Club President	E-mail Address of Sponsor Youth Exchange Officer
Signature of District YE Chair (in blue ink) iinchou CHIKU	Signature of Sponsor Club President (in blue ink) Kaicho KURABU	Signature of Sponsor Club YE Officer (in blue ink) YechouRCCLUB
Date (e.g., 25/Jan/2012)	Date (e.g., 25/Jan/2012)	Date (e.g., 25/Jan/2012)
Home Phone Number	Home Phone Number	Home Phone Number
Mobile Phone Number	Mobile Phone Number	Mobile Phone Number
Fax Number	Fax Number	Fax Number

ロータリーアンの署名は、作成時の該当の役職の方にしてもらう
注) 実際の交換年度役職とは違う場合が多い

Guarantee Form 来日学生＝来日先(ホスト)の受入保証書式

Rotary District _____ Applicant Name _____

Rotary Youth Exchange – Long-Term Exchange Program

Section F: Host Club, District, & School Endorsements
(Guarantee Form / Visa Application Supporting Document)

Full Legal Name as on passport or birth certificate (use apperance for your FAMILY name; e.g., John David SMITH) Name You Wish to be Called Male Female

Place of Birth (City, State/Province, Country) Citizen of (Country) Date of Birth (e.g., 25/Jan/1999)

(A) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club and Rotary District specified within this section will provide room and board in approved homes, provide up to one year of study at the secondary school level, invite the applicant to participate in Rotary club and district events and activities typical of the host country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary club will also give the applicant a monthly allowance as specified below. The host Rotary District agrees to ensure appropriate screening, selection, and training for host families and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Host Country	Host Club Name	Host Club ID #
Host District #	Destination Airport in Host Country	Arrival Date(s)
Name of District Youth Exchange Chair	Name of Host Club President	Name of Host Club Youth Exchange Officer
Signature of District Youth Exchange Chair	Signature of Host Club President	Signature of Host Club Youth Exchange Officer
Date (e.g., 25/Jan/2012)	Home Phone Number	Date (e.g., 25/Jan/2012)
E-mail Address of District Youth Exchange Chair	E-mail Address of Host Club President	E-mail Address of Host Club Youth Exchange Officer

(B) HOST CLUB COUNSELOR

Name	E-mail Address
Address – Street	City
Home Phone Number	Business Phone Number

(C) SCHOOLING GUARANTEE

(To be completed by the activities not a part of it) **通学する学校の情報**

the applicant will attend school from date of school start for one school year. Costs of tuition and or his/her parents/guardians.

Name of School	Phone Number	Fax Number	Date School Starts
Address – Street	City	State/Province	Postal Code
Affix School's Stamp or Official Seal	Name and Title of School Official	Signature	
	E-mail Address	Date (e.g., 25/Jan/2012)	

(D) FIRST HOST FAMILY

第1ホストファミリーの情報

このGuaranteeが届いたら、早急に連絡を取るように

Name of Host Father	Mobile Phone
Name of Host Mother	Mobile Phone
Host Family Home Address	Postal Code
Home Phone Number	Names and Ages of any Other Adults (18 years of age or older) in the Home

HOST DISTRICT: Please return at least two originals of the completed Endorsements/Guarantee Form to:

自動的に表示されます
(表示されていない場合は、入力する)

受入地区、クラブの情報(留学先の情報)

このページは **記入しない!**
派遣先(渡航先)で記入

来日学生用にこちらで記入するときには・・・
①空港コードは https://www.k-tanaka.net/airport/airport_code.htm で調べて記入するように

このGuaranteeが届いたら、
正式に『派遣生』となる
それまでは、『候補生』

「宣言」 および 「医療に関する許可、病歴の通知と免責」

Rotary District _____

Applicant Name _____

Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules and Conditions of Exchange

As a Youth Exchange student sponsored by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at student's expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

Rules and Conditions of Exchange

- 1) You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2) You will be under the host district's authority while you are an exchange student and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 3) You are not allowed to possess or use illegal drugs. Legal medications that are prescribed to you by a physician are allowed.
- 4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If your host family offers you an alcoholic drink, it is permissible to accept it under their supervision in the home. Excessive consumption and drunkenness is forbidden.
- 5) You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
- 6) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
- 7) Body piercing or obtaining a tattoo while on your exchange, without the express written permission of your natural parents, host parents, host club, and host district, is prohibited, for health reasons.
- 8) You must make every effort to learn the language of the host country, and may be responsible for any costs for tutoring, language camps, or other instruction.
- 9) Limit your use of the Internet and mobile phones, as directed by your host district, host club, and host family. Excessive or inappropriate use is not acceptable. Accessing or downloading pornographic material is expressly forbidden.
- 10) You must attend school regularly and make an honest attempt to succeed.
- 11) You must have health and accident or travel insurance that provides coverage for accidental injury and illness, death benefits (including repatriation of remains), disability/dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 12) You must also have liability coverage through a travel insurance or other applicable policy, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district.
- 13) You must have sufficient financial support to assure your well-being during your exchange. Your host district may require a contingency fund for emergency situations. Unused funds will be returned to you or to your parents or legal guardians at the end of your exchange.
- 14) You must follow the travel rules of your host district. Travel is permitted with host parents or for Rotary club or district functions authorized by the host Rotary club or district with proper adult chaperones. The host district and club, host family, and your parents or legal guardians must approve any other travel in writing, thus assuming Rotary of responsibility and liability.
- 15) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 16) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 17) Visits by your parents or legal guardians, siblings, or friends while you are on exchange may only take place with the host club's and district's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the exchange or during school breaks and are not allowed during major holidays.
- 18) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 19) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

- 1) You should communicate with your first host family prior to leaving your home country. The family's information will be provided to you by your host club or district prior to your departure.
- 2) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
- 3) Learn ahead of time as much of the language of your host country as possible, and use the language regularly. Teachers, host parents, Rotary club members, and others you meet in the community will appreciate the effort. It will go a long way in your gaining acceptance in the community and with those who will become lifelong friends.
- 4) Attend Rotary-sponsored events and host family events, and show an interest in these activities. Volunteer to be involved; do not wait to be asked. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
- 5) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other exchange students. If there is a local Interact club, you are encouraged to join it.
- 6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 7) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of all calls and time on the Internet, and reimburse your host family each month for the costs you incur.
- 8) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

交換の規則と条件

熟読すること！

違反した場合、
早期帰国の対象！！

「宣言」および「医療に関する許可、病歴の通知と免責」

DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.

We attest that we have read and understood the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understood this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

The undersigned applicant attests that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange student should I be chosen to represent my sponsor Rotary club and district, school, community, state/province, and country. I further state that all the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages "Section C: Medical History and Examination," acquired in the course of the examinations by the physician and the dentist.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student:

- In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- We/I give permission for any operation, administration of anesthetic or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide notice.
- Permission is granted for immunizations required for school registration.
- In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

自動的に表示されます

①氏はすべて大文字、名は第1文字のみ大文字。

キーボード入力か、手書きならブロック体(活字体)
氏と名の順番はどちらが先でもよいが(名+氏に統一)
秋山あきこ は Akiko AKIYAMA

署名は必ず

ブルーインク(ボールペン)で！！

ロータリーアンの署名は、
作成時の該当の役職の方にしてもらう

注)実際の交換年度役職とは違う場合が多い

②スポンサーロータリークラブ会長名、President
例えば、Saburo SATO、President

Applicant (print name) 本人	①の氏名とサイン	Katsumoto KURODA
Mother/Legal Guardian (print name) 父親/保護者	の氏名とサイン	サイン
Father/Legal Guardian (print name) 母親/保護者	の氏名とサイン	サイン
Witnessed in the presence of Sponsor Club District Representative (print name and title) スポンサーRC会長の氏名	② ←	サイン ←
Dated this _____ Day of _____ Month, _____ Year.		

Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN

Name	Relationship			
Home Address - Street	City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Business Phone Number	Mobile Phone Number	

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotarians, Rotarians' spouses and partners, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual, and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006

学校からの報告及び推薦状 封印し、持参する(開封はしないこと)

Rotary District Applicant Name

Rotary Youth Exchange – Long-Term Exchange Program

Section H: Secondary School Personal Reference

自動的に表示されます

Student: Complete the top section of this form and return it in a pre-addressed envelope to the Rotary club or district to which you are submitting your application, to a teacher or administrator who has your ability and accomplishments at school. In doing so, you give permission to that individual to raise the information in this form for the purpose of your application.

Applicant's Full Legal Name

Evaluator: This student is applying for a one-year educational study abroad program under Rotary club/district sponsorship. Please complete and forward this form within seven days of receipt to the sponsor Rotary Club/District, in the pre-addressed envelope provided. The information you submit will not be revealed to the student, unless required by law.

1. Ratings

Area	Excellent	Good	Satisfactory	No Basis to Rate
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility, adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you believe the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning a foreign language? Yes No

3. Do you believe the applicant's parents/legal guardian(s) support either a full-time or part-time study abroad program? Yes No

Please use the reverse side of this form, adding responses to questions 2 and 3, and to provide additional comments on the applicant's suitability as an exchange student and cultural ambassador.

RECOMMENDATION

In reference to this applicant's candidacy as a future Rotary Youth Exchange student, I (check one):

Strongly Recommend Recommend Have No Opinion Do Not Recommend Strongly Do Not Recommend

Name and Title (Type or print) Signature (in blue ink) Date (e.g., 25/Jun/2012)

Name of School Phone E-mail

DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT.
Please submit this form directly to:

①学校の成績証明書

②先生からの推薦状

③英語能力証明書の

サンプルは次ページに

あります。

②二者択一、該当するところを選ぶ四角(チェックボックス)の中は、必ず「R」を記入してください。また、この表はコンピュータで読み取られる場合があるので注意。

署名は必ずブルーインク(ボールペン)で!!!

②校長名、Principal 例えば、Jiro FUJI、Principa

学校の報告 成績証明書

封印し、持参する(開封はしないこと)



District Applicant Name

Rotary Youth Exchange – Long-Term Exchange

Section H – Secondary School Personal Reference

Additional Sheet H1: School transcripts

(成績表)

自動的に表示されます

TRANSCRIPT OF SCHOOL GRADES

SCHOOL NAME : MAZUMOTO FUJISHI SENIOR HIGH SCHOOL
 ADDRESS : 3-8-1 Aizumi, Wakayama, Hyogo 690-8503, Japan
 TEL : 0869 34 0000 FAX : 0869-37-0071

NAME OF STUDENT: _____ SEX: _____

DATE OF BIRTH: _____

DATE OF ENTRANCE: April 8, 2013 DATE OF GRADUATION: _____

Season	Grade & Credit	1st Year		2nd Year		3rd Year		CREDITS
		Gr	Cr	Gr	Cr	Gr	Cr	
Language	Integrated Japanese	4	6					
	Contemporary Japanese Language							
Geography & History	World History II	5	4					
	Japanese History II							
Other	Contemporary Society	2	2					
	Politics and Economics							
Mathematics	Mathematics I	4	5					
	Mathematics II							
	Mathematics III							
	Mathematics A	4	1					
Science	Basic Science							
	Basic Physics							
	Physics							
	Basic Chemistry	4	2					
	Chemistry							
	Basic Biology	4	2					
Health & Physical Ed.	Biology							
	Basic Health Science							
Art	Physical Education	3	3					
	Music	3	1					
Foreign Language	Fine Art I	4	1					
	Visual I							
	Calligraphy I							
Home Economics	Communication English I	5	4					
	English Extension I	4	2					
Miscellaneous	English Extension II							
	Learning English							
Miscellaneous	Basic Home Economics							
	Computer Education	4	1					
TOTAL OF CREDITS	Special Integrated Study							
				32				

成績証明書
 は、直近3年分必要です。
 高校1年生は、中学卒業時のものも必要です
 英文(4部)、邦文(2部)
 封印し、開封はしないこと

サンプル
 学校の『正規書式』で提出しても構わない

I certify the validity of the above information.

Masayoshi Tanaka

Masayoshi Tanaka
 Principal
 Wakayama Fukushi Senior High School



Date of Issue: November 5, 2013

学校担任先生からの推薦状

封印し、持参する(開封はしないこと)



District Applicant Name

Rotary Youth Exchange – Long-Term Exchange

Section H – Secondary School Personal Reference

Additional Sheet H2: Additional comments or Recommendation

(担任の先生による推薦書)

所属学校等のレターヘッド(文書フォーム)を使用のこと。

自動的に表示されます



学校からの推薦状

担任の先生に推薦・記述してもらうこと

ロータリーのこの書式でもいい、
または
学校の正規書式でも構わない

サンプル

学校の『正規書式』で提出しても
構わない

学校からの 英語能力証明書

封印し、持参する(開封はしないこと)

District Applicant Name

 **Rotary Youth Exchange – Long-Term Exchange**
Section H – Secondary School Personal Reference

自動的に表示されます

Additional Sheet H2: English Proficiency (英語能力証明)

米国向け交換学生については、下記の所属学校等による英語能力証明を要求される場合がある。この場合所属学校等のレターヘッド(文書フォーム)を使用のこと。

<Document must be printed on School Letterhead>

<Date>
This is to certify that, <Complete Student Name> of <City, State and Country>, who has applied to be a Rotary exchange student in the United States, is/has been a student in this academic institution or English language school. The student has been evaluated by objective measurement of English language proficiency and has performed with results sufficient to participate as a high school student in the exchange student program and function on a day-to-day basis.

Name of Instructor _____ Title _____
Signature _____

Name of Administrator _____ Title _____
Signature _____

<School Seal>

英語能力証明書

米国に派遣される学生は

このFormat(類似でも可)に従って

『英文で』記入し

学校から認定を受けてください



サンプル

学校の レターフォーム を使用して
作成・提出してください

チェック・シート

英文＝4部

邦文＝2部

提出すること

Rotary District _____

Applicant Name _____

Rotary Youth Exchange – Long-Term Exchange Program

Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must have original signatures signed in BLUE ink; all photographs must be originals or good-quality color reproductions. Submit the proper number of complete sets, as directed by your sponsor Rotary Club or District.

Sec.	Application Component	<input checked="" type="checkbox"/>
A	Personal Information pages completed with photo attached	<input checked="" type="checkbox"/>
B	Letters completed and inserted, and Photos (4) attached	<input checked="" type="checkbox"/>
C	Medical History and Examination completed and signed by physician	<input checked="" type="checkbox"/>
D	Dental Examination completed and signed by dentist	<input checked="" type="checkbox"/>
E	Sponsor Endorsement Form signed by student and parents/legal guardians	<input checked="" type="checkbox"/>
F	Information completed at top of form, remainder left blank	<input checked="" type="checkbox"/>
G	Declaration and Permission for Medical Care and Release of Medical Records and Liability signed by student and parents/guardians; Alternate Emergency Contact data provided	<input checked="" type="checkbox"/>
H	Secondary School Personal Reference form and preaddressed stamped envelope given to your teacher or administrator (do not submit this form with your application).	<input checked="" type="checkbox"/>
-	Copy of school transcript	<input checked="" type="checkbox"/>
-	Copy of passport or birth certificate	<input checked="" type="checkbox"/>
Additional Forms Required by Sponsor District (if any)		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Final Instructions:

When you have completed entry of the required fields in the application form, you are ready to print the document. Remember to print the proper number of copies, as directed by your sponsor Rotary Club/District. Then, you can write your letters, add your photos, obtain additional information and signatures where required, and use the checklist above to make sure everything is complete.

Assemble your application into complete collated sets, including Sections A through G in order, plus the transcript, passport/birth certificate, and this checklist. Do not include the cover page or instructions page. Please do not staple or bind your application or any part of it; use paper clips or clamps instead. Submit it as directed by your local sponsor Rotary Club or District.

Good luck!

1. 写真はすべて『笑顔』のものが添付されているか
2. サイン(署名)はすべて『ブルーインク』でされているか
3. 英文＝4部、邦文＝2部 が作られているか

そのそれぞれに学校の成績証が添付されているか

英文(4)【英文2部＝交換先へ、1部＝地区委員会、1部＝スポンサーRC】

邦文(2)【邦文1部＝地区委員会、1部＝スポンサーRC】

4. パスポートのコピーがあるか

等の確認用としてください

ステープル(ホッチキス)で留めない事

病気、既往症・接種（医師が記入） 追記があれば、この用紙を使用する



District

Applicant Name

Rotary Youth Exchange – Long-Term Exchange

Section C – Medical History and Examination

Additional Sheet C1 : Additional comments (Page /)

申請者の名前を記入すること

医療関係の

追記事項があれば、

この書式で記入すること

歯 の状況(医師が記入) 歯科に関する追記があれば、これを使用する



District

Applicant Name

Rotary Youth Exchange – Long-Term Exchange

Section D – Dental Health and Examination

Additional Sheet D1 : Additional comments (Page /)

申請者の名前を記入すること

歯科治療 等の
追記事項があれば、
この書式で記入すること

追記事項があれば、この書式を使用する



District

Applicant Name

Rotary Youth Exchange – Long-Term Exchange

Section () – Additional Sheet (Page /)

申請者の名前を記入すること

追記事項の
各ページの名称を
入力すること

Section A :Personal Information
Section B:Letter and Photos
Section C:Medical History and Examination
Section D:Dental Health and Examination
Section E:Student,Parent,& Sponsor Endorsements
Section F:Host Club, District,& School Endorsements
Section G:Rules and Conditions of Exchange
Section H:Secondary School Personal Reference
Other s

自己紹介・家族からの推薦状（保護者）… の 英文で



District

Applicant Name

Rotary Youth Exchange – Long-Term Exchange Section B – Parents Letter

申請者の名前を記入すること

サンプル
(子供のいいところを強調する)

【両親からの書簡文例】

以下の質問に答えながら、お子さんの受入クラブおよびホストファミリーに宛てて書簡を作成してください。作成にあたっては外国人の親子観を考慮した文面となるよう、文例を参考にしてください。

- ※お子さんのアレルギーや病気についてコメントすることがあれば記入してください。
- ※出来上がった文章はできるだけ、ネイティブの方にチェックしてもらってください。

Dear Host RC and Family 【共通自己紹介文例】

I'm ○○ (親の名前), ○○ (子供の名前)'s father(or mother). It's my great pleasure to have an opportunity to introduce my daughter to you in this letter by answering the following questions.

1. How is your child's relationship with you and your family? with his/her friends?

(お子さんと両親および家族との関係はどのようなものですか。またお子さんの友人関係はどうですか。)

1) She has a good relationship with us and with her sister. When we have spare time, we play various board games, watch movies and TV. She also enjoys taking care of her little cousins and playing with them. She has many friends at school, so she has a good time there.

2) She has a younger brother aged 14 years old. She is kind to him but sometimes they quarrel as most brothers and sisters do.

She loves her family members. We travel to famous places during long vacations. We go skiing in winter and swimming in summer.

She is kind to everyone and nobody speaks ill of her. She goes to school with her friend every morning. Many of her friends want to go amusement parks and concerts with her. She works hard at extracurricular activities (afterschool club at school).

3) Excellent. My daughter often asks me for homework advice. She often gives me advice on my fashion styles. She enjoys talking a lot with family members every day, typically about her new favorite music and artists, about her friends and about events at school. She goes shopping with other family members pretty often to have fun.

2. How does your child react to disagreement, discipline, and frustration?

(お子さんは、意見の相違、規律、不満に対してどのように反応しますか。)

1) If she has any complaints about the discipline, she tells us about it. Then she explains her thoughts on the matter so we can understand how she feels. Even if she doesn't get her wish, she'll respect the discussion.

2) My daughter is moderately assertive – that in most cases she can deal with disagreements in a decent way. She is very good at explaining her opinion logically, which sometimes clarifies misunderstandings. Also, she understands it is usually better to come to a reasonable compromise in real life. Her character would be nearly ideal if she learned a way to handle unavoidable frustration.

3. How does your child handle challenging or difficult situations?

(努力を必要とする、または困難な状況にお子さんはどのように対応しますか。)

1) She is optimistic about everything. With that she will work hard with a positive mindset.

2) We believe that she understands what she should do.

3) My daughter usually makes every effort to find the best approach when facing confrontation. She is also good at asking experts for assistance. For instance, when she became in charge of costumes for the group dance event at school, she organized a special team to study how to design and sew costumes on the internet, then sketched her costume design, and made the pattern. Finally, she sewed several sets of costumes using her mother's sewing machine for hours and hours, day and night.

4. What amount of independence do you give to your child? What is your child's level of maturity? (お子さんにどの程度の主体性をもたせていますか。お子さんは成熟度どの程度ですか。)

1) We do not force her to do anything. Once she became a high school student, she mostly decides for herself what she does.

2) She has her own room and cell phone, but is not permitted to use social network services.

As already mentioned in answering other questions, she may ask somebody to do everything for her. She seldom cooks or does house chores. She may act like an immature child at times. She often relies on others when she should be more independent.

3) As her parents, we'd like to see what she is going to do in her future, but we think she acts her age.

4) My daughter seems much more mentally mature than typical girls her age. When she was young, I strictly regulated her lifestyle; the way she uses her money, for example, but now I encourage her to make decisions for herself. At age 16 she traveled all the way to Osaka (170 miles away) for sightseeing with a friend of hers. Recently she took a long distance overnight bus to visit Tokyo Disneyland with a few friends of hers. Both started as a proposal from her and I allowed her to do them.

5. What makes you proud of your child? (お子さんについて誇りに思うことは何ですか。)

1) We love her smile. She always has a smile on her face, so we feel happy when she is. We are proud of her cheerful personality.

2) She is honest and kind to everyone. She always thinks about family members, not only us but also her grandparents. She has long talks with them by phone.

3) We are proud of her cheerful character.

4) I'm proud of my daughter's creativity and ability to absorb many new things.

She has been creative since her infancy. I still remember her amazing woodblock buildings and artworks. At age 9 she wanted to talk to a close friend of hers at any time so she made an FM transmitter, doing soldering by herself.

She has learned a lot of things with passion: swimming, Japanese calligraphy, piano, clarinet, singing, and English conversation in addition to the normal school education. Furthermore, she has taught herself to ride a unicycle, play the guitar and sewing.

No wonder she is now interested in fashion design -- a collection of various skills, plus creativity.

6. Why do you want your child to be an exchange student?

(お子さんに交換に参加してほしいと思う理由は何ですか。)

1) First of all, because she wanted to be an exchange student. We would like to support what she wants to do. And we want her to know the wide world, we think she has grown enough