CENTRE VISIT APPLICATION FORM

NAME OF SCHOOL:_____

ADDRESS:_____

_____ POSTCODE:_____

PHONE :_____ FAX:_____

NAME OF TEACHER:_____

EMAIL ADDRESS :_____

GRADE:_____ NUMBER OF STUDENTS:_____ (BOYS:_____ GIRLS:_____)

VISIT DATE: 1st Preference_____ 2nd Preference_____

ESTIMATED ARRIVAL TIME :_____

ESTIMATED DEPARTURE TIME:_____

PACKAGE AVAILABLE:

- ☐ FILM SCREENING ONLY
- ☐ FILM SCREENING + OBENTO LUNCH
- ☐ FILM SCREENING + 1hr LANGUAGE/CULTURE LESSON
- ☐ FILM SCREENING + 1hr LANGUAGE/CULTURE LESSON + OBENTO LUNCH
- ☐ 1hr LANGUAGE/CULTURE LESSON ONLY
- ☐ 1hr LANGUAGE/CULTURE LESSON + OBENTO LUNCH

＊Please choose film title (if film screening is required.)

1st Preference _____ 2nd Preference _____

NB: Task sheets can be downloaded from our website.

＊Please answer questions below if a language lesson is required.

CLASSROOM TEXTBOOK:_____

STUDENTS' PROFICIENCY: How many characters can your students read/write?

・HIRAGANA	・KATAKANA	・KANJI
☐ read	☐ read	☐ read (how many:_____)
☐ write	☐ write	☐ write (how many:_____)

OTHER_____