(to be completed by a parent or guardian)

STUDENT APPLICATION

The 48th JAPANESE SPEECH CONTEST FOR ELEMENTARY SCHOOL STUDENTS

Presented by the Consulate General of Japan, the Japanese American Association of Northern California, and the Northern California Japanese Teachers' Association

(Please write clearly or type in black ink. All fields are required.)

Student's First Name Middle Last Name (Please circle) **Mr. / Ms.**	**Parent's Telephone/E-mail Address**	
Full Name in Japanese (sample: ジェーン・スミス、田中花子)	**Grade**	**Category**
Name of School	**Instructor's Name**	

Topic of Speech :

In English _____

In Japanese _____

Please answer:

(1) How long has the student been studying Japanese? (years, months) _____

(2) How many hours a week is the student studying Japanese at school? _____ **hours**
(Include hours of Japanese studied after school and/or at a weekend class)

(3) Is there anyone at home who speaks and/or understands Japanese? Yes □ No □

(4) Has the student lived in Japan after the age of 3? Yes □ No □
If yes, please state the period (months/years) lived in Japan: _____

(5) (If applicable) Applicants who are participating through a Japanese language school, please state the name of the elementary school the applicant is currently attending:

_____

I have read and agreed to all contest rules.
I hereby certify that the above information is true and correct.

_____
Student's Name (print)

_____
Signature of Student's Parent/Guardian Date

_____
Signature of Japanese Instructor Date