



Application for School Visit by the Embassy of Japan

Received ____/____/____
(Office use only)

Proposed Date of Visit: _____

Preferred Time: _____

(Duration 1 hour, Mon-Fri between 9:30am-12noon or 2-4pm)

Class Time: _____

Name and Title of Applicant: _____

Name and Address of School: _____

Name of Teacher(s): _____

School Contact details. Phone: _____

Email: _____

Number of Students: _____

Year Level of Students: _____

Subject of Studies: _____

Content of Visit:

Visits to Schools by Embassy staff are designed to be interactive and hands-on. Staff will take along cultural resources including traditional toys, clothing, and plastic Japanese food displays.

Please comment below if you have specific requests:

Have we visited your school before? ☐ Yes ☐ No

If yes, please provide details:

- If there are any changes after submission, please notify the Embassy as soon as possible
- Please submit this form to cultural@cb.mofa.go.jp with at least 2 weeks notice

I hereby declare that all information provided in this form is true and correct.

Signature_____