COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE MAYOR
MUNICIPALITY OF SAIPAN
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Dear Parents/Guardians:

Hafa Adai yan Tirow! The Office of the Mayor of Saipan has been promoting friendship, respect, peace and mutual understanding between Saipan and Japan through its Student Cultural Exchange Program. This year students will have the opportunity to visit Tokyo, Japan to learn and experience the daily lifestyle, culture, customs, and language of the Japan people through this **KSKK Student Cultural Exchange Program** from **December 9-15, 2026.**

Before submitting your child's application, it is important to discuss the following requirements and guidelines:

- **HOST FAMILY:**
  Students will stay with a host family for (3) days and (2) nights. Students will more than likely not be partnered up with another student because most family homes are not big enough, unless in the country side of Japan.
  Although it is completely normal for any child to become homesick, it is important to discuss this matter with him/her. Please keep in mind that host families live in different cities away from other host families where other students and chaperones will be staying. Remember, the whole purpose of this exchange program is to experience the lifestyle and culture of Japan. If you feel your child may not be ready being away from home, please consider having him/her participate the following year.

❖ **RETURN OF HOSPITALITY AGREEMENT:**
❖ With the acceptance of your child into this exchange program, your family will be called upon to return the hospitality shown toward your child during homestay trip.
❖ **Your family will be assigned to host one student or a pair of Japanese exchange students for one (1) exchange trip to Saipan in 2027.**
❖ It is a chance for your family to return the kindness shown by your Japanese host family and a show of goodwill island spirit.

- **GIFTS to Host family**
  It is customary to present gifts in the Japanese culture when showing appreciation. Parents are encouraged to provide their child small gift items (i.e. dried mango, chocolate, "Saipan" labeled items, shell leis, key chains, etc.) to present to his/her host family.

- **FOOD, TRANSPORTATION, LODGING, ACTIVITIES, POCKET MONEY**

  Most of meals, transportation, lodging are covered by our partner, KSKK, except for the airfare, travel insurance, and activities such as admission to Tokyo Disneyland Park and Ueno zoo, etc.

  Students will be responsible for their own pocket money.

- **PASSPORT**

  Passports should have at least six months of validity when traveling internationally. However, in case of any delays for any reason, it is best if passports are valid at least six months after the final day of travel.

- **Legal Guardianship**

  Include copy of Parent or Guardian's photo identification
  (Driver's License/Passport or Municipal ID)

- **CLOTHING**

  Students must wear appropriate clothing at all times.
  - No miniskirts, short shorts or tops.
  - No clothing displaying offensive language or graphics.
  - No baggy pants displaying undergarments

Student Exchange Program Requirement Checklist:	
	1. Application w/attachments (no's. 3-10) **Deadline: 4:00 pm on October 16, 2026**
	2. Application & Food Questionnaire
	3. Student Cultural Exchange Activities Agreement
	4. Travel & Medical Authorization and Liability Release Form
	5. Medical Health Form
	6. Student Exchange Contract
	7. Copy of Passport
	8. ID Copy of Parent/Guardian
	9. Student Clearance Form
	10. Copy of Travelers Insurance (You may purchase at any Insurance company after approval of application)
	11. Airfare approximately $600 payment due October 31, 2026

KSKK STUDENT CULTURAL EXCHANGE PROGRAM
Application Form

Picture

Name of Student: _____
First Middle Last

Age: _____ Date of Birth: _____

Address: _____

Permanent Address (Street name and Village): _____

E-mail Address: _____ Contact No.: Home: _____

Cell: _____

Ethnicity: _____ Citizenship: _____ Religion: _____

Grade: _____ School: _____

Passport Issued by (Country): _____ Passport Number: _____

Expiration Date: _____

Japanese Language Ability: ___ None ___ Greeting ___ Very simple conversation ___ Native

Personality: _____

_____

Hobbies/Interests/Sports: _____

_____

OTHER FAMILY MEMBERS INFORMATION					
	Family members names (other than applicant and parents)	Sex	Age	Grade/Occupation	Relationship
1					
2					
3					
4					
5					
6					
7					

Mother's Name: _____ Contact No.: _____
First Middle Last

Work Place: _____ Work No.: _____

E-mail Address: _____

Father's Name: _____ Contact No.: _____
First Middle Last

Work Place: _____ Work No.: _____

E-mail Address: _____

I/We, the parents or legal guardians of_____, hereby authorizes the Office of the Mayor
(*Name of participating student)*
of Saipan of Hiroko K. Tenorio and the KSKK representatives, its overseas representatives to make all decisions on our behalf concerning travel arrangements for our child for the duration of our child's participation in the Student Cultural Exchange Trip Program to JAPAN; that my/our child is traveling with my/our full knowledge and consent to participate in the Student Exchange Program in JAPAN;

I/We, the undersigned parent(s) or legal guardian(s) of _____ hereby authorize the
[Student's Full Name]
Office of the Mayor of Saipan [Hiroko K. Tenorio] and **the KSKK representatives, including its overseas representatives**, to make all necessary decisions on our behalf concerning travel arrangements for our child during his/her participation in the **Student Cultural Exchange Trip Program to Japan**.
I/We acknowledge and consent that our child is traveling with our full knowledge and permission to participate in the Student Exchange Program in Japan.

- Airfare fee must be paid in FULL no later than October 31, 2026 (WORLD TOUR & TRAVEL).
- **** Payments must be processed directly at the travel agency. MOS will notify the travel agency to accept payment of airfare upon approval of student's application.
- I agree to all the terms and conditions noted on the STUDENT CULTURAL EXCHANGE ACTIVITIES AGREEMENT and TRAVEL & MEDICAL AUTHORIZATION forms (*please see attachment*).

Student's Signature (Print & Sign)_____ Date: _____

_____ _____

Parent's Signature (Print, Sign, Date) Parent's Signature (Print, Sign, Date)

Parent Concerns (for parents to fill out). Please include any information you would like the host family to know about your child's heath, allergies, medication, or any other issues.

Message for host family (for student to fill out). Please introduce yourself, include any activities you would like to do with your host family and what you would like to learn about Japan.

How did you hear about this program?

Why did you decide to join this program?

Tell us what you know about the history/relationship between Japan and the CNMI?

The Student Cultural Exchange Program promotes friendship, respect, peace and a mutual understanding between the CNMI and Japan. Why do you think this is important?

How do you plan to share the daily lifestyle, culture, customs and language of the CNMI with your host family?

FOOD QUESTIONNAIRE Name: _____

Please check following foods. If you like: ○ If you don't like: ▲ If you can't eat: **X**

Dairy Products
_____ Egg (卵)
_____ Milk（牛乳）
_____ Butter（バター）
_____ Cheese（チーズ）
_____ Yogurt（ヨーグルト）
_____ Mayonnaise（マヨネーズ）

Meat
_____ Pork（豚肉）
_____ Beef（牛肉）
_____ Chicken（鶏肉）
_____ Sausage（ソーセージ）

Seafood
_____ Fish（魚）
_____ Shellfish（甲殻類）
_____ Octopus（タコ）
_____ Cuttlefish（いか）
_____ Prawns, Shrimp（エビ）
_____ Sashimi（刺身）
_____ Sushi（寿司）

Carbohydrates
_____ Rice（ご飯）
_____ Bread（パン）
_____ Cereal（コーンフレーク）
_____ Pasta（パスタ）
_____ Noodle（麺類）

Spicy
_____ Not at all
_____ Hot

Vegetables/Fruits
_____ Tomato（トマト）
_____ Onion（玉ねぎ）
_____ Carrot（人参）
_____ Cauliflower（カリフラワー）
_____ Beans（豆類）
_____ Corn（トウモロコシ）
_____ Peanut（ピーナッツ）
_____ Potato（ジャガイモ）
_____ Green pepper（ピーマン）
_____ Cabbage（キャベツ）
_____ Broccoli（ブロッコリー）
_____ Pumpkin（かぼちゃ）
_____ Asparagus（アスパラガス）
_____ Mushroom（キノコ類）
_____ Fruits（果物）

Drink
_____ Coffee（コーヒー）
_____ Tea（紅茶）
_____ Lemonade（レモネード）
_____ Soda（ソーダ類）
_____ Cocoa（ココア）
_____ Juice（ジュース）

Seasoning

_____ Soybean Paste（味噌）
_____ Soy Sauce（醤油）
_____ Red Pepper（唐辛子）
_____ Wasabi（わさび）
_____ tomato sauce/ketchup（ケチャップ）

Please list your 3 favorite foods.

_____

Are you on a special diet (vegetarian, gluten free, vegan, etc.) or have any other diet restrictions? If yes, please explain.

_____

Do you have any food allergies? (If yes, please describe the type of allergy)

_____

_____

_____

KSKK STUDENT CULTURAL EXCHANGE ACTIVITIES AGREEMENT

As a participant of this student exchange program students are representatives of the Northern Mariana Islands. Students are expected to set the best example possible while participating in this program. Parents/Guardians must review this agreement with their child(ren) and hereby comply with the following eligibility requirements and terms:

1. Must be a full-time middle school or high school student in a recognized public or private school.

2. Applications must be submitted by **Friday, October 16, 2026, 4:00 PM @ the Saipan Mayor's Office**.

3. Airfare: Approximately $600 shall be paid no later than October 31, 2026. The Mayor Office makes a group reservation and payments must be processed directly at the WORLD TOUR & TRAVEL (Travel Agency at 233-3600). If payment is not made in full by deadline, he/she will be dropped from the program and slot will be given to the next applicant accordingly.

4. Absolutely **NO REFUNDS** will be issued after tickets have been purchased if the student is dropped or withdrawn from the program for any reason (unless airlines find reasonable cause).

5. **PASSPORT** must be valid at least six months after the final day of travel.

6. Student must follow the guidelines set forth in the Student Cultural Exchange Contract.

7. **Student Clearance** form must be signed and approved by student's teachers and counselor.

8. Students who travel as part of this exchange program are viewed as representatives of the Northern Mariana Islands and must conduct themselves accordingly.

9. Use or possession of alcoholic beverages or drugs, including the use of tobacco, betelnut and/or e-cigarettes will result in being dropped from participating in the program.

10. Additional rules and requirements may be added by the exchange board and chaperones as needed and students will be expected to follow them.

NONCOMPLIANCE WITH ANY OF THE ITEMS LISTED ABOVE MAY RESULT IN THE STUDENT BEING SUSPENDED FROM THE ACTIVITY AND/OR BEING RETURNED HOME, ACCOMPANIED BY A CHAPERONE, AT THEIR OWN OR THEIR PARENT'S EXPENSE.

****

STUDENT ACTIVITIES AGREEMENT

I_____, have read and agree to comply with the rules as a participant in this 2026 KSKK Student
(Student's Name)
Exchange Program.

I/We, _____ and _____ have read and understand that the above policies apply
(Parent/Guardian Name) (Parent/Guardian Name)
to my child while he/she is representing the CNMI and CNMI schools during the course of this exchange program.

_____ _____
Signature of Student (Print & Sign) Date

KSKK STUDENT CULTURAL EXCHANGE PROGRAM
CONCENT, AUTHORIZATION and RELEASE

PARENT/GUARDIAN: This document constitutes as an authorization for your child to travel to Japan as part of the KSKK Student Cultural Exchange Program. This document also constitutes consent for medical treatment and serves as a media/public relations release form for your child while he/she is away. Your agreement to the terms of this release is required for participation in the exchange program.

Child's Name:_____ Home Phone: _____

Parent/Guardian Name:_____ Work Phone: _____

I. CONSENT: The above-named child has my permission and consent to travel with the KSKK Student Cultural Exchange Program and to participate in all the activities. I understand that this program is conducted outside the CNMI and requires travel by both public and private means of transportation and that my child may be housed in either public or private housing. I consent to these conditions.

II. MEDICAL AUTHORIZATION: I authorize treatment for my child by a medical doctor, hospital, and/or health clinic in the event of illness or injury while he/she is traveling to and from, or while participating in, the KSKK Student Cultural Exchange Program described above, after an unsuccessful attempt to contact me has been made. I additionally authorize the chaperone(s) __Hiroko K. Tenorio_, the KSKK Representatives, and person(s) housing my child to contract in my behalf for, and to authorize medical treatment by a medical doctor, or hospital and/or health clinic and consent to such treatment as fully and in the same manner as if I were present. I additionally agree that in the event health care treatment is required for my child and authorized by a chaperone or volunteer of the KSKK Student Cultural Exchange Program or other such persons acting for the Program that the chaperone, volunteer, or Office of the Mayor of Saipan will be reimbursed for any expenses incurred are paid for such health care treatment.

III. MEDIA CONSENT FORM: I authorize the Saipan Mayor's Office and the KSKK to use photographs or videos of me and/or my child(ren) taken during travel for use in publications, newsletters, social media, and other communications related to the Saipan Mayor's Office.

IV. RELEASE: In consideration of my child being permitted to travel with the exchange program and in further consideration of the chaperones accompanying the group, and except to the extent prohibited by law or public policy, I do hereby release, relinquish, waive and forfeit all claims of damage against the Office of the Mayor of Saipan and the KSKK Student Cultural Exchange Program, directors, agents, and employees.

I also agree to hold harmless, indemnify, and agree to defend at my own expense, the Office of the Mayor of Saipan and the KSKK Organization, together with its directors, officers, agents, employees, and chaperones, from any liability or claim of liability of any nature which may be asserted against said KSKK Student Cultural Exchange Program, regardless of the nature of the claim whether for personal injury, property damage, emotional distress or other damages of whatever nature. This release and agreement to be held harmless applies to claims which may arise out of my child's travel to or from housing, lodging, medical treatment or participation in the above program. I additionally agree that in the event health care treatment is required for my child and authorized by a chaperone or volunteer of the KSKK Student Cultural Exchange Program or other such persons acting for the Program will be reimbursed for any expense on behalf of my child for the transportation, housing, board or otherwise appropriate and incidental to the child's maintenance/care and support during his/her participation in the KSKK Student Cultural Exchange Program.

Parent/Legal Guardian Signature(s):

_____ _____
Print & Sign Date

_____ _____
Print & Sign Date

KSKK Student Cultural Exchange Medical Health Form

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Work/Cell No.: _____

E-mail Address: _____

Parent/Guardian Name: _____ Work/Cell No.: _____

E-mail Address: _____

Mailing Address: _____ Home Phone: _____

_____

Family Physician: _____ Phone No.: _____

Insurance Information: Please complete or include a copy of current insurance card for your child.

Insured's Name: _____ Guarantor: _____

Insurance Carrier: _____ Member #: _____ Group#: _____

Medical History: Please complete. Be as specific as possible.

Height: _____ Weight: _____ Blood Type: _____ Normal Body Temp: _____ Pulse Rate: _____

Health Condition: Strong ___ Normal ___ Weak ___

Known allergies and sensitivities (including foods and medications):

_____

_____

If you are currently taking any medications, please specify and include the dosage/how often:

_____

_____

History of Chronic/Recurrent Infections:

_____

Any restrictions:

_____

Any past history of serious illness/injury that we may need to be aware of? If yes, please specify.

_____

Are there any disabilities or limitations that we may need to be aware of? If yes, please specify.

_____

Motion sickness: ___ Yes ___ No

Are there any comments you would like to include concerning the status of your child's health?

_____

_____ _____

Parent/Guardian Signature
Print & Sign

Date

KSKK
STUDENT CULTURAL EXCHANGE

I,_____, who is participating in the KSKK Student Cultural Exchange Program promise to abide by the following:

- ✓ I will be on time.
- ✓ I will be an active participant.
- ✓ I will be very willing to learn as much as I can about the Japanese culture, language, and food.
- ✓ I will use polite language.
- ✓ I will be respectful of others, honest and responsible.
- ✓ I will interact with other students and adults, and show that I am a team member.
- ✓ I will not put-down Japanese culture, language or food, or other's efforts to speak Japanese or English.
- ✓ I will dress appropriately at all times.
- ✓ I will not eat or chew gum on school or sacred grounds.
- ✓ I will follow rules and directions given by coordinators and chaperones.
- ✓ I will not leave the group.
- ✓ I will always be willing to learn and have fun.
- ✓ I will participate in all activities scheduled by the KSKK Student Exchange Program.

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

KSKK STUDENT CULTURAL EXCHANGE PROGRAM

STUDENT CLEARANCE FORM

SCHOOL YEAR 2026- 2027

Student Name:	
School:	Grade Level:

COUNSELOR APPROVAL

Counselor Name:	Total Classes Student is Taking:
I,_____, certify that_____has met the minimum GPA of 2.5 or above to be eligible for participation in the SANPO-EN Student Cultural Exchange Program to Japan from _____, 2025.	
Counselor's Signature:	Date:

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
☐ Approved _____(initial) ☐ Disapproved _____(initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
☐ Approved _____(initial) ☐ Disapproved _____(initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
☐ Approved _____(initial) ☐ Disapproved _____(initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
☐ Approved _____(initial) ☐ Disapproved _____(initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
☐ Approved _____(initial) ☐ Disapproved _____(initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
☐ Approved _____(initial) ☐ Disapproved _____(initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
☐ Approved _____(initial) ☐ Disapproved _____(initial)	_____ Instructor's Signature & Date