Lourdes Hill College

2027 JUNIOR SCHOOL JAPAN TOUR

STUDENT APPLICATION

FORM A: COVERSHEET & CHECKLIST

STUDENT APPLICANT DETAILS:

Student ID Number:		**2027 Year Level:**	
Family Name:			
Given Name(s):		**Preferred Name:**	
Please ensure family name and given names appear as per passport (or birth certificate if no passport).			
Home Address:			
Email:			
Date of Birth:		**Religion:**	
Nationality:		**Passport Country:**	
Passport No:		**Passport Expiry:**	

Please attach a copy of the student's current passport to this application. If you do not yet have a passport, leave the above section blank.

For travel to Japan, student will require passport validity beyond 5 April 2028. If student's current passport expires before this date, please include a copy as we use it to confirm names for flight bookings.

APPLICATION CHECKLIST:

Use the checkboxes below to ensure you have completed and scanned every section.

ϒ	FORM A: Coversheet & Checklist (this page)
ϒ	Copy of Passport Photo Page (if you have a current passport)
ϒ	FORM B: Parent/Guardian Consent, Emergency Contact, and Medical Form (pages 2 & 3)
ϒ	FORM C: Code of Conduct & Programme Declaration (page 4)
ϒ	FORM D: Student Application & Response to Selection Criteria (pages 5 & 6)
ϒ	FORM E: Reference Form (page 7) to be completed by **current class teacher**
ϒ	FORM F: Reference Form (page 8) to be completed by **another adult** such as another teacher, coach, etc.
ϒ	FORM G: Homestay Application Form (pages 9 & 10)

Application submissions open at 9am on Monday 13 July 2026.

Application submissions close at 4pm on Friday 31 July 2026.

E-Mail your completed application and documents to: juniorschool@lhc.qld.edu.au

Incomplete or late applications will not be accepted.

FORM B: PARENT/GUARDIAN CONSENT, EMERGENCY CONTACT, AND MEDICAL FORM

PARENT/GUARDIAN 1:			
Surname:		**Relationship:**	
Given Name(s):		**Preferred Name:**	
Address:			
Home Phone:		**Mobile Phone:**	
E-Mail Address:			
Occupation:			

PARENT/GUARDIAN 2:			
Surname:		**Relationship:**	
Given Name(s):		**Preferred Name:**	
Address:			
Home Phone:		**Mobile Phone:**	
E-Mail Address:			
Occupation:			

FAMILY INFORMATION (Please circle)			
Are the parents separated?*	Yes / No	**If 'Yes' who has legal custody?**	Parent 1 / Parent 2 / Other
If 'Yes' do you consent to joint mailing of correspondence?	Yes / No		
If 'Other' please give name(s) of Legal Guardian(s) of student:			

EMERGENCY CONTACT:			
Surname:		**Relationship:**	
Given Name(s):		**Preferred Name:**	
Address:			
Home Phone:		**Mobile Phone:**	
E-Mail Address:			

MEDICAL HISTORY:			
Vision Concerns	Yes/No	Pre-Natal concerns	Yes/No
Hearing Concerns and/or Auditory Processing Difficulties	Yes/No	Birth Concerns	Yes/No
Epilepsy	Yes/No	Postnatal Concerns	Yes/No
Attention Deficit Disorder	Yes/No	Ear Infection and/or Grommets	Yes/No
Heart Problems	Yes/No	Asthma	Yes/No
Allergies	Yes/No	Head Injury	Yes/No
Headaches	Yes/No	Convulsions/Febrile Convulsions	Yes/No
Frequent Colds	Yes/No	Stomach Complaints	Yes/No
Knocked Unconscious	Yes/No	Diabetes	Yes/No
Phobias	Yes/No	Other serious diseases/surgery/disorders/recurring illnesses/mental health diagnoses or conditions, etc	Yes/No
History of Depression/Anxiety/ Self-Harm/Disordered Eating, etc	Yes/No		

If yes to any of the above, please attach details about these conditions

List any medication which your daughter is taking regularly:

List any food allergies or specific dietary requirements. Please note that preferences are not allergies:

PRIVACY NOTICE

1. Information in this application package (i.e. personal information, including sensitive information, about students and parents or guardians) is collected by Lourdes Hill College. The primary purpose of collecting this information is to enable the College to facilitate participation in the study tour programme.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care and to comply with Public Health and Child Protection Laws.
3. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act Amendment Act 2000.
4. The College from time to time discloses personal and sensitive information to others for administrative, educational or safety purposes. This includes to other schools (including our homestay host school), government departments, system education offices, your local church, medical practitioners, Parents and Friends Association and people providing services to the College, including specialist visiting teachers, sport coaches and volunteers.
5. Failure to supply complete and accurate information referred to above will place both initial and ongoing participation in the study tour programme of your child at risk.
6. Parents may seek access to personal information collected about them and their daughter by contacting the College in writing. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
7. **I/We have made full and frank disclosure of all information requested by the College in this application form and are aware of our continuing obligations to keep the College informed of any changes which may affect the applicant's wellbeing prior to and during the study tour programme.**
8. **Please note: Full and Frank disclosure is required. Any failure may negate the initial or on-going enrolment of your student in the study tour programme. The obligation to supply information that may affect your student in her programme participation, is ongoing.**

I give consent for my child _____ to participate in the Lourdes Hill College
(insert name above)
2027 Junior School Japan Tour.

Parent/Guardian 1 Signature:	Date:
Parent/Guardian 2 Signature:	Date:

FORM C: CODE OF CONDUCT AND PROGRAMME PARTICIPATION DECLARATION

This Code of Conduct outlines the expectations for student behaviour during the 2027 Junior School Japan Tour to ensure the safety, wellbeing, and enjoyment of all participants.

During the programme you are expected to maintain the College's Positive Behaviour Expectations:

- Be in the right place, at the right time
- Arrive prepared
- Stay on Task
- Respect the learning needs, property, and time of others
- Respectful and inclusive language, voice, and manner to all

During the programme you are expected to always act responsibly and respectfully, as a representative of:

- Your family
- Lourdes Hill College
- Catholic education
- Queensland
- Australia

During the programme you are expected to:

- Adhere to the laws of the host country and those of Australia
- Follow all instructions given by host school staff and follow the rules of the host school
- Maintain appropriate safety considerations including:
    - Informing host school staff or Lourdes Hill College staff immediately if you feel unwell or unsafe, or if you have concerns about another participant's safety or wellbeing.
    - Adhering to all safety guidelines
- Actively engage with the programme by:
    - Cooperating with host school staff to ensure the programme runs smoothly.
    - Participating actively in all educational and cultural activities.
    - Showing respect and curiosity towards the learning opportunities provided.
    - Respecting the privacy and property of others.
- Refrain from:
    - Purchasing or consuming alcohol, tobacco, vapes, e-cigarettes, or any other substances controlled by the laws of Australia or the host country.
    - Engaging in any illegal activities, as per Australian law or the laws of the host country.

Acknowledgement

By signing below students and their parents/guardians acknowledge that:

- they have read and understood the International Immersion Code of Conduct. They agree to abide by these guidelines and understand that serious breaches of behaviour expectations may result in immediate withdrawal from the programme and return to Australia at the participant's expense, at the discretion of the Principal of Lourdes Hill College or their delegate.

- there is inherent risk present in any international travel experience and that, in the event of illness or serious injury, Lourdes Hill College may require a parent/guardian to travel at their own expense to Japan to assume guardianship of the student participant within 72 hours.

- the student will actively participate in and support participation in the programme by attending language and cultural tutorials, and pre-departure and post-departure meetings.

_____	_____	_____
Student name	*Parent/Caregiver name*	*Parent/Caregiver name*

_____	_____	_____	_____	_____	_____
Student signature	*Date*	*Parent/Caregiver signature*	*Date*	*Parent/Caregiver signature*	*Date*

FORM D: STUDENT APPLICATION & RESPONSE TO SELECTION CRITERIA			
STUDENT APPLICANT DETAILS:			
Family Name:			
Given Name(s):		**Preferred Name:**	

Advice for completing this section:

- **Your application will be reviewed by several people**: Do not assume that they know you, so be detailed and clear in your responses.
- **When writing about yourself, do not be shy or overly modest**: Your application should provide clear evidence as to why *you* should be offered a place on the study tour.
- **When responding to question 2, think globally**: We want to know how this opportunity could open the world for you, both in the short-term and long-term.
- **Attention to detail matters**: Errors in your application can impact how you are perceived as a potential participant. Consider writing your responses in a separate program, such as Microsoft Word, first. This allows you to proofread for errors and make edits before copying them into the form. Reading your responses out loud can also help you catch errors or missing words.
- **You may like to ask your parents to assist you with writing this section,** but it should be in your voice and in words you understand.

1. Please write a short self-introduction in English. (Up to 100 words)
2. How would participating in this programme assist you in future studies or career plans? (Up to 100 words)

3. What personal attributes make you an ideal ambassador for Lourdes Hill College and Australia? (Up to 100 words)
4. While on the programme, you will experience personal challenges including homesickness, language barriers, loneliness, and culture shock. What strategies will you use to manage these? You may wish to reflect upon and refer to a time in which you overcame adversity or a personal challenge. (Up to 100 words)

FORM E: STUDENT REFERENCE FORM –CURRENT CLASS TEACHER			
STUDENT APPLICANT DETAILS:			
Family Name:			
Given Name(s):		**Preferred Name:**	

To the Applicant:
Ensure you provide your referee with sufficient time to complete this form. You may provide them with a hardcopy or a digital copy of the application package.

To the Class Teacher:
Thank you for your time and consideration in writing a reference for this student to participate in the 2027 Junior School Study Tour with Lourdes Hill College.

This program involves the applicant travelling to Japan for 10 days and undertaking a range of cultural experiences including attending a Japanese sister school, and undertaking a homestay for five nights with a Japanese family. Students will also complete a micro-credential in Cultural Intelligence as part of the program.

Part of their application requires a reference from the student's current class teacher regarding the applicant's character, behaviour, resilience, organisation skills, and growth mindset. Please provide 100 to 150 words in reference to these qualities below.

Name: _____ School: _____

Signature: _____ Date: _____

FORM F: STUDENT REFERENCE FORM – ADULT REFEREE			
STUDENT APPLICANT DETAILS:			
Family Name:			
Given Name(s):		**Preferred Name:**	

To the Applicant:
Ensure you provide your referee with sufficient time to complete this form. You may provide them with a hardcopy or a digital copy of the application package.

To the Staff Member:
Thank you for your time and consideration in writing a reference for this student to participate in the 2027 Junior School Study Tour with Lourdes Hill College.

This program involves the applicant travelling to Japan for 10 days and undertaking a range of cultural experiences including attending a Japanese sister school, and undertaking a homestay for five nights with a Japanese family. Students will also complete a micro-credential in Cultural Intelligence as part of the program.

Part of their application requires a reference from a non-related adult who is able to comment onthe applicant's character, behaviour, resilience, organisation skills, and growth mindset. Please provide 100 to 150 words in reference to these qualities below.

Name: _____

Relation to the Applicant: _____ Date: _____

Position: _____ Signature: _____

FORM G: HOMESTAY APPLICATION FORM　ホームステイ申込書

Name of school (学校名)	LOURDES HILL COLLEGE			
Student's Information (生徒詳細)	**Family Name (氏)**	**First name (名)**	**Middle name(s) (名)**	
	Date of birth (dd/mm/yyyy) (生年 月 日)	**Nationality (国政)**	**Gender (性別)**	**Age (年齢)**
			Female (女性)	
Address in home country (住所)	**City/Suburb (市 町)**	**Postcode (郵便番号)**	**Country (国)**	
			AUSTRALIA	
	Street			
	Phone Number (電話番号)	**E-Mail Address (メールアドレス)**		

Family Members (家族構成)	**Relation (続柄)**	**Name (名前)**	**Age (年齢)**	**Occupation (職業)**

Emergency Contact (緊急連絡先)	**Name (名前)**	**Relationship (続柄)**	**Phone Number (電話番号)**
			(+61)

AGREEMENT AND MEDICAL AUTHORIZATION

1. I, the undersigned applicant for a program, do waive and release all the claims against the homestay program and/or other program organizations for any injury, loss, damage, accident, delay or expense resulting from my participation in the program. I also release these program organizations and agree to identify them, with regard to any financial obligations of liabilities that I may personally incur or any damage or injury to the person or property of others that I may cause while participating in this program. I understand that these program organizations are not responsible for any injury or loss suffered by me during periods of independent travel or absence from the program.
2. If I become ill, injured, or incapacitated, the program organizations, group leader, host family or local coordinator may take such actions as any of them considers necessary, including securing medical treatment for me and transporting me back to my country at my own expense. I release them from all liability related to such actions. I hereby accept the medical treatment without personal liability.
3. I understand that my participation in the program may be terminated at the sole discretion of the program organizations without a refund of fees and that I may be sent home at my own expense if I do not agree to their rules, standards, and instructions. I agree that Japanese law shall apply to this agreement and I agree to submit to the jurisdiction of Japanese law.

注)上記の英文は、参加者への約束事項ならびに同意事項で概要は次の通りです。ご理解の上ご署名をお願い致します。

1. 参加者としてプログラム中に発生した、けが、物品紛失、損害、事故、交通機関の遅延などは、主催者、各現地受け入れ機関の責任は問いません。私自身の責任による損害、事故等に関しては各受け入れ機関に対して賠償請求はしません.
2. 病気、けが、プログラムに耐えられない事情が発生した場合、主催者、各現地受け入れ機関、引率者、ホストファミリー並びに現地コーディネーターが健康保持、安全のために必要と判断をして下した行為(自費による医療機関及び自費による帰国等を含めて)に対し、いかなる責任も問わない事に同意します。引率者あるいは受入れ家族のその個人責任を負わされることなく処置が決定される事をここに承諾します。
3. プログラムの趣旨、団体行動、現地の規則等に反した場合、自分自身の費用により帰国させられる旨同意します。この内容は日本の法律にも適用し、滞在国の法律に従う事を意味します。

参加者署名 (Signature of Participant)		**Date**	
保護者署名 (Signature of Parent/Guardian)		**Date**	

Health (健康)	**Do you require any special medical treatment or medication?** **あなてや特病のために定期的な通院、及び常用している薬がありますか** **☐ Yes** **☐ No** **If yes, what sickness (病名)** **Seriousness of condition (程度)** **Medication (薬の名前)** **If you bring prescribed medication to Japan, please have a doctor's certificate*
Allergies (アレルギー)	**Are you allergic to anything?** **あなたは何かにアレルギーがありますか** **☐ Yes** **☐ No**
	If it is a severe allergy, please specify how to treat the symptoms. **重篤なアレルギーの場合、対処方法を明記してください。**
	What kind of allergy? (どんなアレルギーですか) **☐ Skin Rash (アトピー性皮膚炎)** **☐ Asthma (ぜんそく)** **☐ Hives (じんましん)** **☐ Allergic rhinitis (アレルギー鼻炎)** **☐ Hay fever (花粉症)** **☐ Medication (薬品)** **☐ Cigarette smoke (タバコ)** **☐ Plants (植物)**
	Food (食品) / **Others (その他)**
Pets and Animal allergy (ペットと動物のアレルギーについて)	**What kind of pets don't you like? (嫌いなペットはありますか)** **☐ Dogs (犬)** **☐ Cats (猫)** **☐ Others (その他)** **☐ I don't mind (特にない)**
	Are you allergic to animals? (動物にアレルギー症状がありますか) **☐ Yes** **☐ No** **☐ Dogs (犬)** **☐ Cats (猫)** **☐ Others (その他)**
Immunization history (予防接種)	**Have you ever been infected by or immunized for the following? If yes, please give dates** **(以下の疾病に感染または予防接種をうけたことがありますか。受けていればそれはいつですか。)**

Immunization Date(予防接種の日付)	Infected (感染したことがある)
☐ Chicken Pox (水痘)	☐ Yes ☐ No
☐ Polio (小児まひ)	☐ Yes ☐ No
☐ Measles (はしか)	☐ Yes ☐ No
☐ Mumps (またふくかぜ)	☐ Yes ☐ No
☐ Rubella (風疹)	☐ Yes ☐ No
☐ Diphtheria (ジフテリア)	☐ Yes ☐ No
☐ Tetanus (破傷風)	☐ Yes ☐ No
☐ Whooping Cough (百日咳)	☐ Yes ☐ No
☐ Hepatitis (肝炎)	☐ Yes ☐ No

EMERGENCY INFORMATION AND AUTHOLIZATION FOR TREATMENT OF MINOR
(緊 急 医 療 承 諾 書)

Parents Permission: I hereby accept that the assigned group leader, host family member or local coordinator may act as responsible guardian for my son/daughter and may decide on emergency medical treatment without personal liability. I give the host family or local coordinator permission to administer Paracetamol / ibuprofen to my son/daughter if necessary.
私は、子弟が渡航中緊急医療が必要となった場合、引率者あるいは受け入れ家庭が保護者となり、引率者あるいは受け入れ家庭がその個人的責任を負わされることなく処置が決定される事をここに承認します。また、引率者・受け入れ家庭の保護者が状況によって必要であれば解熱鎮痛剤であるパラセタモール(アセトアミノフェン)/イブプロフェンを子弟に与えることを承認します。

参加者署名 (Signature of Participant)		**Date**	
保護者署名 (Signature of Parent/Guardian)		**Date**	