## Embassy of Japan in Canada



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## **School Visit Program**

Request Form

C	Contact Person's Inform	mation
Name:		Phone:
Email:		
	School Information	n
School Name:		
Email:		
Street Address:		Phone:
		FAX: (optional)
	Visit Details	
Date: Time:	What type of visit?  At your school  At the embassy*	Will the following be available? White/Black Board
Alternate Date/Time (optional)  Date:	We are available:  Monday to Friday  between 10am - 3pm	Projector/Screen SMART Board DVD Player
Time: Number of Students:	Teachers:	Grade Level:
Topics of interest and stud background knowledge ab (eg. School life, family life, language, fetc, and/or how our visit's relation to	oout Japan: food, holidays,	
Any other questions or requests?		

School visits are subject to availability of our staff.

To facilitate communication, we ask that you provide as much contact information as possible.