

# Art Speaks Japanese Comes Alive!

## 第3 コンテスト 2011 Teacher Application Form

School name: \_\_\_\_\_

School address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact teacher: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Contact fax number: \_\_\_\_\_

### Entry details:

Please write the exact number of entries you are submitting for each division.

Primary Years Division (Year 4-6) \_\_\_\_\_

Middle Years Division (Year 7-9) \_\_\_\_\_

Senior Years Division (Year 10-12) \_\_\_\_\_

Would you like your students' work back after the contest?  Yes  No

If yes, please indicate the return method

Teacher to pick up from the Japan Foundation, Sydney office  
(Please contact the Japanese Language Department to arrange a pick up time (02) 8239 0077)

Japan Foundation, Sydney to post back to school  
(Please write the school's postal address)

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I give permission for the students work to be uploaded onto the Japan Foundation, Sydney website  Yes  No

I acknowledge that The Japan Foundation, Sydney is not responsible for any damage to the artwork.

\_\_\_\_\_  
Signature of teacher

\_\_\_\_\_  
Date