

*CHIST:

Photo
(Bigger than
3 x 4cm)

(taken within the
last 3 months)

Student Information Form

Personal Data—Child

***Mandatory**

*Student's Name _____
(Passport name) (Family) (First) (Middle)

*Date of Birth ____/____/____ *Male____ Female____ *Current Grade ____
month day year

*Nationality _____

Does your child have brothers/sisters at (or applying to) CHIST? Yes/No

If yes, please write their name(s) _____

*Please check (✓) the grade you are applying for.

Elementary School Grade 1 Grade 2 Grade 3 Grade 4 Grade 5

Middle School Grade 6 Grade 7 Grade 8 Grade 9

High School Grade 10 Grade 11 Grade 12

Proposed date of enrollment (e.g. April 2018) _____

Home Address—Child

*Street _____

*City _____ *Postal Code _____

*Country _____ *Home telephone _____ *Mobile _____

*Home email _____ Student email _____

Address in Japan (if different from above)

Street _____

City _____ Postal Code _____

Home telephone _____ Mobile _____

Personal Data— Family

*Parent's/Guardian's Family Name _____ *First Name _____

*Relationship to child _____ *Nationality _____

*Languages spoken _____

*Employer _____ *Position/Title _____

*Address _____

*Mobile telephone _____ Business telephone _____

*Personal e-mail _____ Business email _____

Parent's/Guardian's Family Name _____ First Name _____

Relationship to child _____ Nationality _____

Languages spoken _____

Employer _____ Position/Title _____

Address _____

Mobile telephone _____ Business telephone _____

Personal e-mail _____ Business email _____

Schooling History— Child

Present School _____ Dates attended _____ Grade(s) _____

Address _____

Language of instruction _____ Telephone _____

Previous School _____ Dates attended _____ Grade(s) _____

Address _____

Language of instruction _____ Telephone _____

Previous School _____ Dates attended _____ Grade(s) _____

Address _____

Language of instruction _____ Telephone _____

Previous School _____ Dates attended _____ Grade(s) _____

Address _____

Language of instruction _____ Telephone _____

*What support services has the applicant received? Please check (✓) if previously or presently participating in any of the programs below. Please bring any relevant reports on the day of the interview.

Behavioral management

Individual/family counseling

Remedial/learning support

Counseling

Occupational therapy

Speech language therapy

ESOL/ESL/EFL

Physical therapy

None

Gifted/talented

Psychological assessment

Other _____

Please describe any of the support services checked above (Please attach extra pages if required).

Has your child ever had any social, behavioral, academic or discipline issues in school? Yes/No
 If yes, please explain.

Has your child ever received or been recommended for extra support in or outside of school? Yes/No
 If yes, please explain.

If your child has taken a standardized achievement test such as TOEFL, SAT, GCSE, MAP, etc., please submit the most recent results available.

Language— Child

Please complete the language section where applicable.

*First language _____ How many years of school has your child had in this language? _____

Second Language _____ How many years of school has your child had in this language? _____

Third Language _____ How many years of school has your child had in this language? _____

What language(s) does your child speak at home?

*To parents/guardians _____ To brothers/sisters _____

To grandparents _____ To care givers _____

What language(s) are spoken to your child?

*By parents/guardians _____ By brothers/sisters _____

By grandparents _____ By care givers _____

*For each language, please indicate (✓) the degree of proficiency for each of the four skill areas shown.

Basic: my child can speak, read, and write very little in this language

Developing: my child can speak, read, and write in this language

Fluent: my child can speak, read, and write extremely well in this language

First language	Basic	Developing	Fluent	Second language	Basic	Developing	Fluent	Third language	Basic	Developing	Fluent
Listening				Listening				Listening			
Speaking				Speaking				Speaking			
Reading				Reading				Reading			
Writing				Writing				Writing			

Supplementary Information

1. *What are your child's extra-curricular interests/hobbies?

2. *What are your child's strengths?

3. *What are your child's areas that need attention/improving?

4. *What kind of person do you want your child to be?

5. *What attracted you to CHIST? In what ways do you think our school can influence your child's future?

6. *What do you think of the Educational Philosophy of CHIST?

7. *How did you first hear about CHIST? (e.g. Facebook, online articles, friends, information from your current school)

8. Have you ever attended the CHIST events? If so, please note the date. (e.g. School info session, open schools)

I declare that all information provided is complete and correct and I understand that false, inaccurate or misleading information could result in the student's withdrawal from school.

Signature of Parent/Guardian

Date