

\*CHIST:

Photo  
(Bigger than  
3 x 4cm)  
  
(taken within the  
last 3 months)

# Student Information Form

## Personal Data—Child

\*Mandatory

\*Student's Name Musashino Hanna  
(Passport name) (Family) (First) (Middle)

\*Date of Birth April/ 1 / 2018 \*Male  Female  \*Current Grade K3  
month day year

\*Nationality Japanese

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) April 2019

## Home Address—Child

\*Street 11, Yonban-cho

\*City Chiyoda-ku, Tokyo \*Postal Code 102-0081

\*Country Japan \*Home telephone 03-XXX-XXXX \*Mobile 080-XXXX-XXXX

\*Home email chist@musashino-u.ac.jp 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 Musashino \*First Name Taro  
\*Relationship to child Father \*Nationality Japanese  
\*Languages spoken Japanese, English  
\*Employer Musashino University EF \*Position/Title Manager  
\*Address 11, Yonbancho, Chiyoda-ku, 102-0081, Tokyo  
\*Mobile telephone 080-XXXX-XXXX Business telephone \_\_\_\_\_  
\*Personal e-mail taro@abcd.co.jp Business email \_\_\_\_\_  
Parent's/Guardian's Family Name Musashino First Name Caroline  
Relationship to child Mother Nationality Canadian  
Languages spoken English  
Employer \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Mobile telephone \_\_\_\_\_ Business telephone \_\_\_\_\_  
Personal e-mail \_\_\_\_\_ Business email \_\_\_\_\_

## Schooling History— Child

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Present School Musashino Kinidergarten Dates attended Apr 2016-Mar 2019 Grade(s) K1-K3  
Address 1-1-20, Shinmachi, Nishitokyo City, 202-8585, Tokyo  
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.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Behavioral management | <input type="checkbox"/> Individual/family counseling | <input type="checkbox"/> Remedial/learning support |
| <input type="checkbox"/> Counseling            | <input type="checkbox"/> Occupational therapy         | <input type="checkbox"/> Speech language therapy   |
| <input type="checkbox"/> ESOL/ESL/EFL          | <input type="checkbox"/> Physical therapy             | <input checked="" type="checkbox"/> None           |
| <input type="checkbox"/> Gifted/talented       | <input type="checkbox"/> Psychological assessment     | <input type="checkbox"/> Other _____               |

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

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

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

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**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 Japanese How many years of school has your child had in this language? 3 year

Second Language English How many years of school has your child had in this language? 1 year

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 Japanese, English To brothers/sisters \_\_\_\_\_

To grandparents \_\_\_\_\_ To care givers \_\_\_\_\_

What language(s) are spoken to your child?

\*By parents/guardians Japanese, English 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

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

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2. \*What are your child's strengths?

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

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

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

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

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

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

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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.

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Signature of Parent/Guardian

Date

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## Personal Data— Family

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\*Parent's/Guardian's Family Name \_\_\_\_\_ \*First Name \_\_\_\_\_

\*Relationship to child \_\_\_\_\_ \*Nationality \_\_\_\_\_

\*Languages spoken \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Position/Title \_\_\_\_\_

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Address \_\_\_\_\_

Language of instruction \_\_\_\_\_ Telephone \_\_\_\_\_

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Address \_\_\_\_\_

Language of instruction \_\_\_\_\_ Telephone \_\_\_\_\_

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Language of instruction \_\_\_\_\_ Telephone \_\_\_\_\_

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Individual/family counseling

Remedial/learning support

Counseling

Occupational therapy

Speech language therapy

ESOL/ESL/EFL

Physical therapy

None

Gifted/talented

Psychological assessment

Other \_\_\_\_\_

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Reading				Reading				Reading			
Writing				Writing				Writing			

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