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# INTERNATIONAL SCHOOL OF THE SACRED HEART

4-3-1 Hiroo, Shibuya-ku, Tokyo 150-0012 Japan

Tel: 03-3400-3951 Fax: 03-3400-3496

E-mail: info@iss.ac.jp Web: http://www.iss.ac.jp

## Application Form – Kindergarten

**Attach Photo**

Applicant's Name: \_\_\_\_\_  
Family name First Middle

Current Grade: \_\_\_\_\_ Applying for:  K3: 3 years old by September 1

K4: 4 years old by September 1

Date to Enter Sacred Heart: \_\_\_\_/\_\_\_\_/\_\_\_\_  K5: 5 years old by September 1  
yyyy mm dd

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
yyyy mm dd

Citizenship/ Passport: \_\_\_\_\_ Religion: \_\_\_\_\_ Gender:  M  F

English Ability: Fluent Limited Nil

First Language: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Anticipated Length of Stay in Tokyo: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Citizenship/Passport: \_\_\_\_\_ Citizenship/Passport: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Profession/Title: \_\_\_\_\_ Profession/Title: \_\_\_\_\_

Business Address in Japan: \_\_\_\_\_ Business Address in Japan: \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sibling(s):

Name	Age	School	Gender	
_____	____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F

**School History:** Please record the schools that your daughter attended.

Grade	Date Enrolled – Date Left	Days per week attended	School Name	Country
____	_____	_____	_____	_____
____	_____	_____	_____	_____

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## CAN YOUR CHILD?

- 1. Draw and color beyond a simple scribble?  YES  NO
- 2. Use scissors for rough cutting?  YES  NO
- 3. Take care of toilet needs?  YES  NO
- 4. Be left alone with sitters?  YES  NO

HAS YOUR CHILD'S GENERAL DEVELOPMENT TO DATE BEEN  early  as expected  delayed

If delayed, give details: \_\_\_\_\_

## Support Services:

Parents must inform the school and provide documentation of any Support Service. This includes all copies of reports and recommendations from any educational, psychological, psychiatric, behavioral or medical support service, as well as updated school reports upon submission of the application form. If this information is not submitted, Sacred Heart reserves the right to withdraw any offers or placements in our program.

It is important to note that ongoing enrollment at Sacred Heart for students with Special Needs will be based upon the student's ability to function within the regular program and special services the school currently offers at the applicable grade level.

1. Has your child received any special services?  YES  NO

If yes, please check ALL of the appropriate programs or services below:

- ESL/EAL
- Speech/Language Therapy
- Remedial/Learning Support
- Behavioral Management
- Occupational Therapy
- Cognitive, Academic or Neuropsychological Assessment
- Psychological testing/counseling
- Other

2. Please give details: \_\_\_\_\_

## Medical Information:

- 1. Does your child have any medication, food allergies or other allergies?  YES  NO
- 2. Has your child had any accidents, illness or medical condition, which may affect her participation in a normal school day, which will include Physical Education?  YES  NO

Accidents/Illnesses: \_\_\_\_\_

- 3. Has medication been prescribed by any doctor/specialist to support your child's physical needs?  YES  NO
- 4. Is there any information you would like to give us to enable us to provide the best care possible during her time at Sacred Heart?

\_\_\_\_\_

I certify that the information given above is correct and all relevant information about the applicant has been provided. I authorize the International School of the Sacred Heart to request further information from teachers when necessary.

Sacred Heart provides a safe environment for all students and adheres to a strict Child Protection Policy which all families are required to follow. School records in this regard will be forwarded to other schools upon transfer of the child to another school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date                      yyyy           mm           dd