



YOYOGI INTERNATIONAL SCHOOL
1-15-12, Tomigaya, Shibuya-ku, Tokyo 151-0063
TEL: 03(5478)6714 FAX: 03 (5478)6713
<http://www.yoyogiinternationalschool.com>

English Language Development EXTERNAL Application

Child's Name(First name) _____ /(Family name) _____ Gender M F

Date of Birth(mo/day/yr) _____ Nationality _____

Home Address _____

Zip Code _____ Home Tel _____

First Language _____ Second Language _____

Father's name _____ Father's Nationality _____

Cell phone _____ Email _____

Company _____ Company Tel _____

Company Address _____

Mother's name _____ Mother's Nationality _____

Cell phone _____ Email _____

Company _____ Company Tel _____

Company Address _____

Child's Current School _____

Child's Current Grade Level _____

Child's General Health _____

Food Allergies/Dietary Restrictions _____

Behavioral and/or physical difficulties _____

*Yoyogi International School does not have the facilities nor the trained staff to support children who are physically challenged or required special needs.

Please choose the days you wish to apply for
Mondays and Wednesdays 15:30 - 17:00

Mondays 15:30 - 17:00

Wednesdays 15:30 - 17:00

* Classes will be decided based on your child's date of birth

Please describe your child's English level

My child does not understand or speak English

My child understands and speaks a few words or expressions

My child speaks, reads, writes English with some assistance

My child speaks, reads, writes English confidently

Other _____

Invoice Name and Address _____

Parent's signature _____ Date _____