

Appendix 1

The applicant's head of school, principal, or counselor should complete this form.



### Confidential Recommendation

This recommendation is in support of a student's application to enrol in Osaka International School of Kwansai Gakuin, Grades KA-5

Applicant's Last (Family) Name: ..... Current Grade: .....

Applicant's First (Given) Name: ..... Applying for Grade: .....

Current School's Name: .....

Current School's Address: .....

School Email: ..... School Phone: .....

Name of Teacher: ..... Position: .....

How long have you known the applicant, and in what capacity? .....

Please evaluate the applicant's English proficiency:

- Reading:  native  advanced  intermediate  fair  none
- Writing:  native  advanced  intermediate  fair  none
- Speaking:  native  advanced  intermediate  fair  none
- Listening:  native  advanced  intermediate  fair  none

Please evaluate the applicant relative to his or her peers:

Social/Emotional Evaluation	Area of Concern	Approaching	Age Appropriate	Area of Strength
Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appreciation of limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to take risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compassion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Academic Evaluation</b>				
Willingness to seek help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 1 (continued)

1. Please provide details on the applicant's particular academic strengths and areas for growth:

2. Please describe any disciplinary, emotional or other concerns:

3. Has the applicant ever been in any of the following programmes or received support for any of the following issues? (Please check any applicable boxes, and append copies of any relevant reports or provide details on a separate sheet).

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> No programmes           | <input type="checkbox"/> ESOL (English for Speakers of Other Languages) | <input type="checkbox"/> Gifted & Talented       | <input type="checkbox"/> Individual/Family Counselling |
| <input type="checkbox"/> ADHD                    | <input type="checkbox"/> IEP (Individual Educational Plan)              | <input type="checkbox"/> Behaviour Management    |  |
| <input type="checkbox"/> Reading/Writing Support | <input type="checkbox"/> Math Support                                   | <input type="checkbox"/> Speech/Language Support |  |
| <input type="checkbox"/> Other .....             |   |  |  |

4. Please describe the classroom environment in which the student is currently learning. (Please include details on the number of students, the number of teachers, learning support etc.):

5. Have the applicant's parents been supportive of the school and cooperative with the teachers, counselors and administrators?

7. Is there anything else you think we should be aware of regarding the applicant? (Please indicate if you would prefer to discuss this by telephone.)

8. Overall Evaluation:  Recommend enthusiastically  Recommend strongly  Recommend with reservation  Not recommended

Signed: ..... Date: .....  
DD / MM / YYYY

The admissions team at OIS would like to thank you for completing this recommendation form on behalf of the applicant. Please mail this form and any supplementary sheets to the address below, or email it as a PDF file to oisadmissions@soismail.jp

Osaka International School of Kwansai Gakuin  
4-4-16 Onohara Nishi  
Mino-shi, Osaka  
562-0032 Japan

Appendix 2

The applicant's classroom teacher should complete this form.



### Confidential Recommendation

This recommendation is in support of a student's application to enrol in Osaka International School of Kwansai Gakuin, Grades KA-5

Applicant's Last (Family) Name: ..... Current Grade: .....

Applicant's First (Given) Name: ..... Applying for Grade: .....

Current School's Name: .....

Current School's Address: .....

School Email: ..... School Phone: .....

Name of Teacher: ..... Position: .....

How long have you known the applicant, and in what capacity? .....

Please evaluate the applicant's English proficiency:

- Reading:  native  advanced  intermediate  fair  none
- Writing:  native  advanced  intermediate  fair  none
- Speaking:  native  advanced  intermediate  fair  none
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Please evaluate the applicant relative to his or her peers:

Social/Emotional Evaluation	Area of Concern	Approaching	Age Appropriate	Area of Strength
Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Appreciation of limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to take risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compassion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Academic Evaluation</b>				
Willingness to seek help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 1 (continued)

1. Please provide details on the applicant's particular academic strengths and areas for growth:

2. Please describe any disciplinary, emotional or other concerns:

3. Has the applicant ever been in any of the following programmes or received support for any of the following issues? (Please check any applicable boxes, and append copies of any relevant reports or provide details on a separate sheet).

- |  |   |  |  |
|--|---|--|--|
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| <input type="checkbox"/> ADHD                    | <input type="checkbox"/> IEP (Individual Educational Plan)              | <input type="checkbox"/> Behaviour Management    |  |
| <input type="checkbox"/> Reading/Writing Support | <input type="checkbox"/> Math Support                                   | <input type="checkbox"/> Speech/Language Support |  |
| <input type="checkbox"/> Other .....             |   |  |  |

4. Please describe the classroom environment in which the student is currently learning. (Please include details on the number of students, the number of teachers, learning support etc.):

5. Have the applicant's parents been supportive of the school and cooperative with the teachers, counselors and administrators?

7. Is there anything else you think we should be aware of regarding the applicant? (Please indicate if you would prefer to discuss this by telephone.)

8. Overall Evaluation:  Recommend enthusiastically  Recommend strongly  Recommend with reservation  Not recommended

Signed: ..... Date: .....  
DD / MM / YYYY

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Mino-shi, Osaka  
562-0032 Japan

## Appendix 3

The applicant's parents should complete this form.



## Student Health Record

Personal data collected by OIS will be used exclusively by OIS for educational affairs, school events, contact to parents, and the dissemination of school information such as reports, tuition information, PTA information, and other school related events.

School year: .....

School grade: .....

 M  FStudent name: .....  
YYYY  
First LastDate of birth: .....  
DD / MM / YYYY

Student address: .....

Home phone: .....

Emergency contact #1: .....  
Name (First - Last) Mobile phone Home phoneEmergency contact #2: .....  
Name (First - Last) Mobile phone Home phoneEmergency contact #3: .....  
Name (First - Last) Mobile phone Home phone1. Current health problems (asthma, chronic disease or condition, vision problems, hearing problems etc.):  No  Yes (if so, please provide details below)2. Allergies: .....  No  Yes (if so, please provide details):Does your child have a history of anaphylaxis?  No  YesDoes your child have medicine for this?  No  Yes3. Medication used regularly: .....  No  Yes (if so, please provide details below):

a. Drug name(s) and dosage:

Reason:

b. Does your child carry any medicine to school (e.g. inhaler for asthma, etc.)? .....  No  Yes (if so, please provide details below):

Drug name(s) and dosage:

Reason:

4. Do you have any other medical information to share with hospitals and EMT for emergencies?  No  Yes (if so, please provide details below):5. Is there any health problem that restricts your child in physical education, music or school activities?  No  Yes (if so, please provide details below):

### 6. Immunization Records

 Check here if your child is a new or a returning student who has been immunized during the last school year. Please complete the table below. Check here if your child is a returning student and there are no changes to these records since last year.

BCG	1 <sup>st</sup>	DD/MM/YYYY				Polio	1 <sup>st</sup>	DD/MM/YYYY	2 <sup>nd</sup>	DD/MM/YYYY	
DPT	1 <sup>st</sup>	DD/MM/YYYY	2 <sup>nd</sup>	DD/MM/YYYY	3 <sup>rd</sup>	DD/MM/YYYY	4 <sup>th</sup>	DD/MM/YYYY	DT (age 11-12)	1 <sup>st</sup>	DD/MM/YYYY
MR	1 <sup>st</sup>	DD/MM/YYYY	2 <sup>nd</sup>	DD/MM/YYYY		Rubella	1 <sup>st</sup>	DD/MM/YYYY			
Measles		DD/MM/YYYY				MMR	1 <sup>st</sup>	DD/MM/YYYY	2 <sup>nd</sup>	DD/MM/YYYY	
Japanese encephalitis	1 <sup>st</sup>	DD/MM/YYYY	2 <sup>nd</sup>	DD/MM/YYYY	3 <sup>rd</sup>	DD/MM/YYYY	4 <sup>th</sup>	DD/MM/YYYY			

Parent Signature: .....

Date: .....

DD / MM / YYYY

## Appendix 4

This form must be completed by a physician.



## Student Physical Examination Report

Date of Examination (診断日): .....  
DD / MM / YYYY

School Year (年度): .....

Student Name (生徒氏名): .....  
First Last  M (男子)  F (女子)

Date of birth (生年月日): .....  
DD / MM / YYYY Grade (学年): ..... Age (年齢): .....

Height (身長): ..... Weight (体重): ..... Blood Pressure (血圧): .....

Eyes (視力): Left (右): ..... Right (左): ..... Colour Sensation (色覚): .....

Hearing (聴力): Left (右): ..... Right (左): .....

Respiratory (呼吸器系): .....

Cardiovascular (循環器系): .....

Liver (肝臓): ..... Spleen (脾臓): .....

Musculoskeletal (筋骨格系): ..... Skin (皮膚): .....

Neurological (神経系): .....

Urinalysis (尿検査): Protein (蛋白): ..... Sugar (糖): ..... O.B. (潜血): .....

Medical reasons limiting participation in sports or activities (体育活動制限の有無): .....  No (無)  Yes (有)

Details (その理由)

Additional Notes (その他):

Physician's Name (医師名): .....  
Please print or type (活字体)

Physician's Address (医師の住所): .....  
 Phone (電話番号): .....  
 Fax (ファックス番号): .....

Physician's Signature (医師の署名): .....

Parent Signature: ..... Date: .....  
DD / MM / YYYY