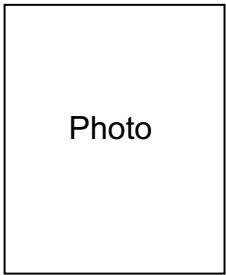




YOYOGI INTERNATIONAL SCHOOL

Yoyogi Campus: 5-67-5, Yoyogi, Shibuya-ku, Tokyo 151-0053
Tomigaya Campus: 1-9-19, Tomigaya, Shibuya-ku, Tokyo 151-0063
TEL: 03(5478)6714 FAX: 03 (5478)6713
http://www.yoyogiinternationalschool.com



APPLICATION FORM

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

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

Home Address _____

Zip Code _____ Home Tel _____

First Language _____ Second Language _____

Father's Name _____ Nationality _____

Father's Cell phone _____ Father's Email _____

Company _____ Tel _____

Company Address _____

Mother's Name _____ Nationality _____

Mother's Cell phone _____ Mother's Email _____

Company _____ Tel _____

Company Address _____

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 require special needs.

Class you wish to apply for

Preschool/Kindergarten

3-4 years old (Seals)

4-5 years old (Dolphins)

Primary

Primary 1

Primary 2

Primary 3

Primary4

Primary5

Primary6

Grade6

Please indicate when you would like to enroll your child (mo/day/yr) _____

Invoice Name and address: _____ Company _____ Home _____

Payment: _____ One payment _____ Three payments (each term)

I hereby verify that the information provided on this Application Form is complete and correct. I further understand that admission to school may be canceled if the school finds any of the information incorrect or falsified.

Parent's signature _____ Date _____