

Application Form

Please clearly print when filling out this form.

Family Name:		First Name:		Middle Name:	
Passport 1: (Country Name)	Passport 2: (Country Name)	Place of Birth:	Gender:	Date of Birth (M/D/Y)	
Father's Name:		Father's Nationality:		Father's Native Language:	
Mother's Name:		Mother's Nationality:		Mother's Native Language:	
Father's Email:					
Mother's Email:					
Home Address in Japan:		Home Phone:		Home Fax:	
Zip code:		Father's Cell Phone:		Mother's Cell Phone:	
		Father's Workplace Phone:		Mother's Workplace Phone:	
		Father's Occupation:		Mother's Occupation:	
If not resident in Japan, please fill in current/ permanent home address.					
Sibling Information		Gender:	Grade:	Date of Birth (M/D/Y)	
Sibling 1 Name:					
Sibling 2 Name:					
Sibling 3 Name:					
For Office Use Only:					
Student ID No: _____			Tested ELL Level: _____		
Date Enrolled: ____/____/____			Entering Grade: _____		
Exit Date: ____/____/____			Exit Grade: _____		

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Current School's Name:		Address of Current School:	
Last Grade Completed:	Date Completed:	Current Grade:	Date Withdrawn:
Desired Start Date: M/D/Y		Desired Start Grade:	
Student's English Ability: (circle one) None Beginner Intermediate Fluent		Parent/Guardian Signature:	

For Parents: Please comment on your child as a learner. What unique things about your child's learning would you wish to pass on to classroom and subject teachers? (Please feel free to attach or send additional documents if that would help us to best understand your child's learning).

Has your child been assessed for and received any special educational services? (If 'yes', please attach a copy of the psychologist's diagnostic report).

- NO
- YES -- Please specify _____

When you consider your child's overall personality, what would you want his/her teachers to know about your child? Areas that teachers find helpful are insights into interpersonal communication strengths and areas of growth. Emotional strengths and growth areas. (Please feel free to attach or send additional documents if that would help us to best understand your child's learning).

If any, what health concerns (dietary, physical or emotional) needs does your child have? (Please attach or send additional documents if that would help us to best understand your child's health needs).

MEDICAL INFORMATION

Please clearly print when filling out this form.

Name _____ Gr. _____ Date of Birth ____/____/____
Please list you family doctor/ hospital and its phone number. Doctor/ hospital name: Phone number:
Please list the name and phone number of a close friend whom the school may contact if you cannot be reached by phone. Name: _____ Relationship: _____ Phone number: _____
Please describe any medical condition or history of your child (such as operations, fevers, asthma, seizure, allergies, or sensitivities) that may require special attention or medication during school hours or school sponsored activities.
Please list any medication that your child is now taking. If this medication is to be given in an emergency situation, please write necessary instructions for school personnel.
I, _____, DO give my permission for the school to seek medical aid and treatment for my child in an emergency situation and to sign necessary documents on my behalf. <small>(parent/Guardian)</small>
I, _____, DO NOT give my permission for the school to seek medical aid and treatment for my child in an emergency situation and to sign necessary documents on my behalf. <small>(parent/Guardian)</small>
*Admissions will not be based on whether or not you give permissions.

 Signature of parent / guardian

 Date