## Application Form (Part 1) Child's Information Name:(English) First Middle Last (漢字)\_\_\_\_\_ Gender: Birthday: ☐ Boy ☐ Girl vear Nationality stated in Passport(s): Religion (optional): Language: (1st) (2nd) (3rd) Contact Numbers: (Home Tel) \_\_\_\_\_ (Home Fax) \_\_\_\_ \_ Current Address in Japan: □ Car □ JR □ Subway □ Bus □ Bicycle □ Walk Travel to School by: The Closest Station: Line: Permanent Address (outside of Tokyo or in another country): Diet/Allergy: Blood Type: \_\_\_\_\_ Toilet Training: ☐ Completed ☐ In Progress ☐ Diapers Home Physician: (Name) <u>Dr.</u> (Hospital Name) \_\_\_\_\_ (Hospital Address) (Hospital Tel Number) Birth Date Siblings: School Attending Child's Last Attended/Attending School(s): An official copy of the school report/reference letter is required from the most recent school School Name Dates Attended Grades Attended **Emergency Contact Numbers** Emergency Contact Numbers are used in an emergency only. The school will make calls to 1. Home, 2 Mother's and Father's Office/Mobile Numbers, and then numbers listed here from #1 to #5. Please list names and numbers other than parents' (such as friends, grandparents, baby sitter, nanny, guardians, and so on) who live close to your house or to the school. エマージェンシーナンバーは学校が緊急時にご連絡を差し上げるためのものです。緊急時に、1自宅、2ご両親の携帯と会社、そして次にリスト 1番目から5番目まで順番に連絡していきます。リストにはご両親以外の方(友人、祖父母、シッターさん、保護者など)ご自宅または学校からお近くに在住の方のご連絡先を明記くださいますようお願い申し上げます。 1. Name: \_\_ \_\_Tel: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ 2. Name: \_\_\_\_\_\_ Tel: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ 3. Name: \_\_\_\_\_\_ Tel: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ 4. Name: \_\_\_\_\_\_ Tel: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_ 5. Name:



## Application Form (Part 2)

Child's Name	
Child lives with: ☐ Both Parents ☐ Guardian(s)	□1 Parent □Other
Father/Guardian's Information	Mother/Guardian's Information
Name:	Name:
Nationality stated in Passport(s):	
Employer's Name:	
Occupation and Title:	Occupation and Title:
Office Address:	
	Office Tel:
Mobile Number:	
Email Address:	Email Address:
(home) @	(home) @
(mobile) @	(mobile) @
(office) @	(office)@
School Fee Invoices should be sent to:  Home  Bank Account: Please indicate the bank account that will be	
Bank Name Branch	Account Name
1	
2	
Why do you wish your child to attend at INTERNATIC	NAL SCHOOL?
How would you describe your child?	
What are your objectives for him/her?	
What do you expect from ai INTERNATIONAL SCHO	OL?
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I/ We hereby certify that I/We are authorized to comp information stated is true and accurate. I/We hereby make application for my/our child to att	olete this Application Form Part 1 and Part 2 and that all end ai INTERNATIONAL SCHOOL.
Signature of Father/Guardian	Date:
Signature of Mathew/Cuerdien	Data

