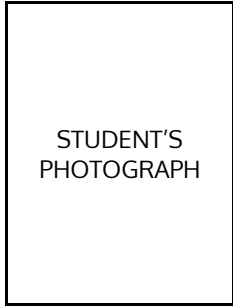


Student Application Form



Date of Application	mm/dd/ yyyy	
Preferred Enrolment Date	mm/dd/ yyyy	

Student Information			
Student's Name <small>First-Middle-Last</small>	Date of Birth <small>mm/dd/ yyyy</small>	Nationality <small>Please enter all if multiple</small>	Gender <small>Male/Female</small>
			M / F
Current School <small>State the current school your child is attending</small>	Current Grade	Languages Spoken	

Contact Information			
Name <small>First-Middle-Last</small>	Email Address	Phone number	Address <small>(Include zip code)</small>

Health Information	
Special Assistance <small>Does your child need any special assistance?</small>	Medications <small>Does your child take any medication?</small>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Schools		
<small>List the names of your child's previous schools starting from the most recent one.</small>		

Siblings				
Name	Gender	Date of Birth <small>mm/dd/ yyyy</small>	School	Grade
	M / F			
	M / F			
	M / F			

Character

Describe your child's character and aspects that may need encouragement, support or consideration

Well-Being

Does your child have any behavioral/emotional concerns that affect his/her well-being? Please explain.

Language Skills

0 : None 4 : Above Grade Level

Skills	English	Japanese	Other _____	Other _____
Listening	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Speaking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Reading	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Writing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

Parent / Guardian Details		
	Parent: Father	Parent: Mother
Name		
Nationality		
Languages		
Mobile Number		
Email Address		
Company		
Work Title		
Business Address		
Business Phone		

Emergency Contacts (other than parents)		
Please state the relationship with student in the underlined space		
	Contact 1: _____	Contact 2: _____
Name		
Home/Mobile Number		

Questionnaire
Please state your objectives for sending your child to SIS.
Please state your expectations from SIS.
What kind of person do you want your child to be in the future?
List your child's hobbies, interests, and talents
Is there any other information you would like to give us about your child?
Do you want to utilize the school bus if it is available in your vicinity?

Guardian's Name	Date mm/dd/yyyy	Guardian's Signature
I _____ hereby certify that I am authorized to make this application and that all information stated is true and accurate.		

Application Checklist		
Items	Complete?	For Office Use
Complete the application form	<input type="checkbox"/>	
Attach the bank receipt of the non-refundable application fee of ¥20,000	<input type="checkbox"/>	
Submit previous school records, i.e. report cards, teacher comments, student portfolios, and the like (if available)	<input type="checkbox"/>	
Submit a copy of the student's ID (passport or birth certificate)	<input type="checkbox"/>	