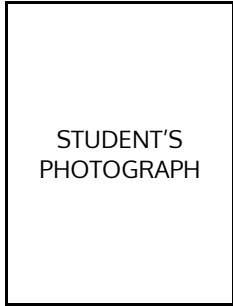


Student Application Form



| | | |
|----------------------------------|-------------|--|
| Date of Application | mm/dd/ yyyy | |
| Preferred Enrollment 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> |
| | | | Male Female |
| Current School <small>State the current school your child is attending</small> | Current Grade | Languages Spoken <small>Please list all</small> | |
| | | | |

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

| Previous Schools | Date Enrolled | Date Withdrawn |
|--|---------------|----------------|
| List the names of your child's previous schools starting from the most recent one. | mm/dd/yyyy | mm/dd/yyyy |
| | | |
| | | |
| | | |

| Siblings | | | | |
|----------|--------|---------------|--------|-------|
| Name | Gender | Date of Birth | School | Grade |
| | | mm/dd/ yyyy | | |
| | M F | | | |
| | M F | | | |
| | M F | | | |

| Health Information | | | | |
|--|----|---|----|--|
| Special Assistance Does your child need any special assistance? | | Medications Does your child take any medication? | | |
| Yes | No | Yes | No | |

| 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 | | | | |
|-----------------|---------|----------|-------------|-------------|
| Skills | English | Japanese | Other _____ | Other _____ |
| Listening | | | | |
| Speaking | | | | |
| Reading | | | | |
| Writing | | | | |

| Parent / Guardian Details | | |
|---------------------------|------------|------------|
| | Guardian 1 | Guardian 2 |
| Name | | |
| Relationship to child | | |
| Nationality | | |
| Languages | | |
| Mobile Number | | |
| Email Address | | |
| Company Name | | |
| 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 | | |
| Relationship to child | | |

| 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 | | |
| Attach the bank receipt of the non-refundable application fee of ¥20,000 | | |
| Submit previous school records, i.e. report cards, teacher comments, student portfolios, and the like (if available) | | |
| Submit a copy of the student's ID (passport or birth certificate) | | |