



KAWASAKI INTERNATIONAL SCHOOL

Application Form

Date of Application:.....(YY/MM/DD)

Name:.....

First Name Middle Name Last Name

Nickname of the student:.....

Place of Birth:.....

Date of Birth:(YY/MM/DD)

Sex: Male / Female

Nationality:.....

Mother Tongue:.....

Passport No.:.....

Resident Card Number:.....

Contact Phone Number:.....

E-mail Address:



Intended Date of Joining the school: (YY/MM/DD)

Intended period of stay in Japan:

Student Background Information

- Has your child previously attended a nursery/ kindergarten/ preschool/primary school?YES/ NO
If yes, please state the following
Duration of Attendance:
Language of education:

- What languages does your child understand?.....

- Does your child has any brothers/sisters?YES/NO

If yes, please fill out the following:

Name of brother/sister	Age	SEX
1.		M/F
2.		M/F
3.		M/F
4.		M/F

Health Record

- Does your child have any special dietary requirements?
YES/NO
- Does your child have any allergies?YES/NO
If yes, please specify:
- Does your child have any chronic medical, emotional or psychological history?YES/NO
If yes, please specify:.....
- Does your child take any prescribed medication?.....YES/NO

If yes, please specify if school needs to take care of medication.

5. Has your child had any serious injury/surgery?YES/NO

reject this application and acceptance of this application will be null and void.

Personal Information

Signature of Parent/Guardian

Date of Application

1. Please describe your child's character and points for needed attention, if any:

1.

2.

3.

2. Please describe your child's interest, hobbies and talents, if applicable:

3. Please state below if there is anything you would like us to take care about your child:

By signing this application, I understand that if any information is found falsified, school reserves the right to