Application for Admission

Child's picture here

Child's Name: _____ _____
Family Name First Name M/F

Date of Birth: _____ Age:_____Preferred Starting Date: _____
Month / Day / Year

Nationality: _____ Languages Spoken: _____ _____
First Second

Address in Japane_____
_____
_____

Home Tel: _____Mobile: _____
E-mail: ① _____ ② _____

How did you hear about our school? (Please circle one)
① Internet ② Magazine ad ( ) ③ Re-location company ( ) ④ Summerhill Staff ⑤ Friend ⑥ Other ( )

Father's Information
Farther's Name: _____ Nationality:_____
(English) (Kanji if available)

Languages Spoken: _____ _____
First Second

Employer:_____ Title of Position: _____
Work Tel:_____ Mobile number: _____

Business Address: _____

Mother's Information
Mother's Name _____ Nationality:_____
(English) (Kanji if available)

Languages Spoken: _____ _____
First Second

Employer:_____ Title of Position: _____
Work Tel:_____ Mobile number: _____

Business Address: _____

1. What are the reasons for choosing our school?

_____
_____
_____

2. What expectations do you have from our school?

_____
_____
_____

3. Has your child previously attended any pre-school? Please provide the name of the school.

_____
_____
_____

4. Has your child received any developmental therapy or counseling? If so, please describe.

_____
_____
_____

5. Is your child toilet trained? Students from K3 to K5 are required to be toilet trained.

Yes / Not yet

6. Is there anything else we need to know about your child?

_____
_____
_____

Only for Sunshine and Sunset Classes:

How many days a week would you like your child to attend school?

_____ 2 days/ week
_____ 3 days/ week
_____ 4 days/ week
_____ 5 days/ week(PYP compulsory)

On which days will he/ she be attending school?

_____ Mondays
_____ Tuesdays
_____ Wednesdays
_____ Thursdays
_____ Fridays

We have read and understood the Summerhill International School Policies and have filled out the application fully and accurately. Once the application is submitted the invoice will be issued. Obligation to pay the invoice will be effective once it has been issued.

_____ _____

Father's Signature Mother's Signature Date

Office Use:

Requested Days:	Monday	Tuesday	Wednesday	Thursday	Friday
Available Days:	Monday	Tuesday	Wednesday	Thursday	Friday