*Office use only*

|  |  |  |
| --- | --- | --- |
| *Received by* | *Accepted* | *Waitlisted* |
| *Date* | *Date* | *Date* |



**SUMMER SCHOOL 2017**

**APPLICATION FORM**

PHOTO

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section 1: PERSONAL INFORMATION** | | | | | | | | | | | | | | | |
| Child’s Name | | Family Name | | | | | | | | | First name | | | | |
| Date of Birth (yyyy.mm.dd) | |  | | | | | | | | Age | | ⬜ Female | | ⬜ Male | |
| Nationality (list all if multiple) | |  | | | | | | | | | | | | | |
| Applying for which Week | | ⬜ Week 1 (Jul 3 -Jul 7) ⬜ Week 2 (Jul 10-Jul 14) ⬜ Week 3 (Jul 17-Jul 21)  ⬜ Week 4 (Jul 24-Jul 28) ⬜ Week 5 (Jul 31- Aug 4) ⬜ Week 6 (Aug 7-Aug 11) | | | | | | | | | | | | | |
| Parent/guardian’s name | | | | | | | | | Relation (i.e. father/mother/step parent etc) | | | | | | |
| Address in Japan | | | | | | | | | | | | | | | |
| Nationality | | | | | | | | | Language(s) spoken | | | | | | |
| Employer in Japan | | | | | | | | | Mobile number | | | | | | |
| Type of business | | | | | | | | | Email address | | | | | | |
| **EMERGENCY CONTACT (if the parents cannot be reached)** | | | | | | | | | | | | | | | |
| Name | | | | Phone/mobile | | | | | Relationship | | | | | | |
| **Section 2: ACADEMIC BACKGROUND (Please list schools your child has attended (most recently first**) | | | | | | | | | | | | | | | |
| Name of school | Start date | | | Finish date | | | Grade completed | | | | Language of instruction | | Country | | |
|  |  | | |  | | |  | | | |  | |  | | |
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| **Section 3: LANGUAGE INFORMATION (Please list languages spoken by child in order of proficiency)** | | | | | | | | | | | | | | | |
| First language | | | Second language | | | | | | | | Third language | | | | |
| ⬜ Native level  ⬜ Developing (communicates with effort)  ⬜ Beginner (limited ability) | | | ⬜ Native level  ⬜ Developing (communicates with effort)  ⬜ Beginner (limited ability) | | | | | | | | ⬜ Native level  ⬜ Developing (communicates with effort)  ⬜ Beginner (limited ability) | | | | |
| HAS YOUR CHILD STUDIED ENGLISH AT SCHOOL? (If Yes, indicate for how long) | | | | | | | | | | | | | | | |
| ⬜ Yes ⬜ No  For how long | | | | | | | | | | | | | | | |
| **Section 4: TELL US ABOUT YOUR CHILD** | | | | | | | | | | | | | | | |
| Describe your child’s special talents / strengths | | | | | | | | | | | | | | | |
| Describe any areas (academic or social) that your child needs attention in | | | | | | | | | | | | | | | |
| Please list your child’s hobbies and extra-curricular activities | | | | | | | | | | | | | | | |
| **Section 5: ADDITIONAL SERVICES** | | | | | | | | | | | | | | | |
| Will you be using the school bus ⬜ Yes ⬜ No  Will you be requiring extended care 3 pm – 5 pm? ⬜ Yes ⬜ No | | | | | | | | | | | | | | | |
| **Section 6: Medical History** | | | | | Yes | No | | Comments (please describe in detail) | | | | | | |
| Allergies | | | | |  |  | |  | | | | | | |
| Medication | | | | |  |  | |  | | | | | | |
| Food | | | | |  |  | |  | | | | | | |
| Other | | | | |  |  | |  | | | | | | |
| Asthma | | | | |  |  | |  | | | | | | |
| Diabetes | | | | |  |  | |  | | | | | | |
| Gastrointestinal problems | | | | |  |  | |  | | | | | | |
| Headaches/Migraines | | | | |  |  | |  | | | | | | |
| Heart Disease | | | | |  |  | |  | | | | | | |
| Seizures | | | | |  |  | |  | | | | | | |
| Skin conditions | | | | |  |  | |  | | | | | | |
| Is child taking medication that needs to be given during school hours? If yes, name medication and reason. | | | | |  |  | |  | | | | | | |

**Parent/Guardian’s agreement**

⬜  I certify that the information I have provided in this application is complete, true and correct.

⬜ I understand that once paid, Summer School Fee could not be refunded.

Parent/Guardian’s signature: Date: