*Office use only*

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



**SUMMER SCHOOL 2018**

**APPLICATION FORM**

PHOTO

|  |
| --- |
| **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 2 -Jul 6) ⬜ Week 2 (Jul 9-Jul 13) ⬜ Week 3 (Jul 16-Jul 20)  ⬜ Week 4 (Jul 23-Jul 27) ⬜ Week 5 (Jul 30- Aug 3) ⬜ Week 6 (Aug 6-Aug 10) |
| 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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **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 ⬜ NoFor 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** |
| Does your child have a UST school t-shirt? ⬜ Yes ⬜ No ---- If not, what is your child’s height Will you be using the school bus (please ask Office for the bus map) ⬜ Yes ⬜ No ---- Please list the bus stop you want to be using 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: