*Office use only*

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



PHOTO

**SUMMER SCHOOL 2020**

**APPLICATION FORM**

|  |
| --- |
| **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 (Jun 29 -Jul 3) ⬜ Week 2 (Jul 6-Jul 10) ⬜ Week 3 (Jul 13-Jul 17)  ⬜ Week 4 (Jul 20-Jul 24) ⬜ Week 5 (Jul 27- Jul 31) ⬜ Week 6 (Aug 3-Aug 7) |
| 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 ⬜ 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** |
| 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 |  |  |  |
| Special learning or behavioral needs (e.g. ASD, ADHD, dyslexia etc) |  |  |  |
| 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:

****

**2020 Summer School Field Trip Permission Form**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Class: \_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

permission to participate in field trips and activities during the United School of Tokyo summer school, and understand this form is in effect for the entire duration of my child’s attendance of the UST summer school.

I have ensured that my child understands that it is important for his/her safety, and for the safety of the group, that any rules, directions and instructions given by UST staff and/or agents are followed.

I hereby agree not to hold UST or any of its employees and/or agents liable for any personal injury, lost and/or damage caused to and/or suffered by my child, unless the same is proven to be the direct result of any negligent act or willful default of any employee and /or agent of UST.

I further give permission to UST to act, through any accompanying staff or agent of UST, on my behalf and to make appropriate decisions including authorization of emergency evacuation, medical attention and / or treatment as recommended by a physician and / or hospital.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Printed Name of Parent/Guardian

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_