

Sakura Gakuen Japanese Language School

Application Form

			Date _____			
Student	First	Middle	Last	Date of birth		
				Mon	Day	Yr.
	Prefered Name			Age /Grade		
				M	F	
				Japanses Citizenship Yes • No		
Class Enrolled						
Address	Street _____					
	City _____		Zip _____			
	Home () -		Fax () -			
Parent 1	First	Last		Relationship		
	Cell () -		E-mail			
Parent 2	First	Last		Relationship		
	Cell () -		E-mail			

■ School

Pre-K K Grade ()
 School Name ()
 Day ()
 Time ()

■Allergies(food/drug) Yes ()
 No

I have read, understood, agreed with and submitted all enrollment forms (application form, waiver, emergency information, personal information, photo release, tuition information, guidelines, school regulation).

Signature _____

Date _____

Relationship to child _____

(If the student is under 18 years old)

事務室使用欄

10/5/2016

登録料	月謝 (月 分)	教材費	アセス日
Check # _____	Check # _____	_____	体験日
受領日 _____	受領日 _____	_____	入園日
		<input type="checkbox"/> 1人目	
		<input type="checkbox"/> 2人目	
		<input type="checkbox"/> 3人目	