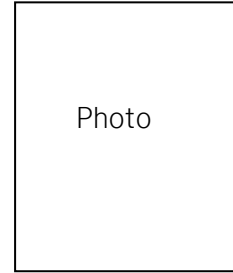




**YOYOGI INTERNATIONAL SCHOOL**

1-15-12, Tomigaya, Shibuya-ku, Tokyo 151-0063  
Tel: 03-5478-6714 Fax: 03-5478-6713  
http://www.yoyogiinternationalschool.com



**APPLICATION FORM**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth(mo/day/yr) \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Tel \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

First Language \_\_\_\_\_ Second Language \_\_\_\_\_

Father's Name \_\_\_\_\_ Nationality \_\_\_\_\_

Company \_\_\_\_\_ Tel \_\_\_\_\_

Company Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Nationality \_\_\_\_\_

Company \_\_\_\_\_ Tel \_\_\_\_\_

Company Address \_\_\_\_\_

Child's General Health \_\_\_\_\_

Food Allergies \_\_\_\_\_

Behavioral and/or physical difficulties \_\_\_\_\_

\* Yoyogi International School does not have the facilities nor the trained staff to support children who are physically challenged or require special needs.

Class you wish to apply for (Please circle)

<b>18 months old (Little Penguins):</b>	<b>A1</b>	<b>A2</b>	<b>B1</b>	<b>B2</b>	<b>C1</b>	<b>C2</b>
<b>2-3 years old (Penguins):</b>	<b>A1</b>	<b>A2</b>	<b>B1</b>	<b>B2</b>	<b>C1</b>	<b>C2</b>
<b>3-4 years old (Seals):</b>	<b>A</b>		<b>B</b>		<b>C</b>	
<b>4-5 years old (Dolphins)</b>	<b>5-6 years old (Whales)</b>					
<b>Afternoon: (Tue /Wed/Thu)</b>						

Invoice Name and address: \_\_\_\_\_ Company, \_\_\_\_\_ Home

Payment: \_\_\_\_\_ One payment \_\_\_\_\_ Three payments (each term)

I hereby verify that the information provided on this Application Form is complete and correct. I further understand that admission to school may be canceled if the school finds any of the information incorrect or falsified.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_