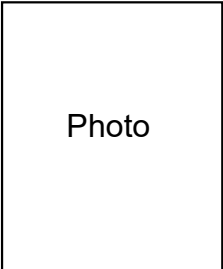




**YOYOGI INTERNATIONAL SCHOOL**  
 1-15-12, Tomigaya, Shibuya-ku, Tokyo 151-0063  
 TEL: 03(5478)6714 FAX: 03 (5478)6713  
 http://www.yoyogiinternationalschool.com



## AFTER SCHOOL ENGLISH CLASS APPLICATION FORM

Child's Name \_\_\_\_\_ Gender (please circle) **M** **F**  
First Last

Current School Name \_\_\_\_\_ Tel \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality \_\_\_\_\_  
Month Date Year

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

Zip Code \_\_\_\_\_ Home Tel \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell No. \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Father's Company \_\_\_\_\_ Tel \_\_\_\_\_

Company Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell No. \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Mother's Company \_\_\_\_\_ Tel \_\_\_\_\_

Company Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Food Allergies/Dietary Restrictions \_\_\_\_\_

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)

Mon	Tue	Wed	Thu
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Your child's current English level (Please circle)

Beginner	Intermediate	Advanced
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Please indicate when you would like to enroll your child (開始希望日) (mo/date/yr) \_\_\_\_\_

Please choose class location according to your child's date of birth (Please check)

- Yoyogi Campus (Ages 6-12 \*Age 6 and above as of August 31, 2019) [Time: 3:30-5:00]  
 Tomigaya Campus (Ages 3-5) [Time: 3:45-5:15]

Invoice Name and Address: \_\_\_\_\_ Company \_\_\_\_\_ Home \_\_\_\_\_

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 Signature \_\_\_\_\_ Date \_\_\_\_\_