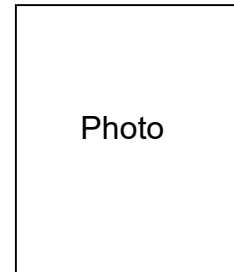




YOYOGI INTERNATIONAL SCHOOL
 1-15-12, Tomigaya, Shibuya-ku, Tokyo 151-0063
 TEL: 03(5478)6714 FAX: 03 (5478)6713
 http://www.yoyogiinternationalschool.com



AFTERNOON CLASS APPLICATION FORM

Child's Name _____ Gender _____

Current School Tel _____

Date of Birth(mo/day/yr) _____ Nationality _____

Home Address _____

Zip Code _____

Home Tel _____ Fax _____

E-mail Address _____

First Language _____ Second Language _____

Father's Name _____ Cell No. _____

Company _____ Tel _____

Company Address _____

Mother's Name _____ Cell No. _____

Company Tel _____

Company Address _____

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)

Preschool level	Mon	Tue	Wed	Thu
Kindergarten level	Mon	Tue	Wed	Thu
Elementary level	Mon	Tue	Wed	Thu
Advanced Class	Mon	—	Wed	—

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's signature _____ Date _____