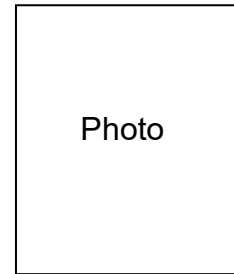




**YOYOGI INTERNATIONAL SCHOOL**  
 1-15-12, Tomigaya, Shibuya-ku, Tokyo 151-0063  
 TEL: 03(5478)6714 FAX: 03 (5478)6713  
 http://www.yoyogiinternationalschool.com



## AFTERNOON CLASS APPLICATION FORM

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

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

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

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

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

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

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

Father's Email address \_\_\_\_\_

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

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

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

Mother's Email address \_\_\_\_\_

Mother's 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	—

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

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 \_\_\_\_\_