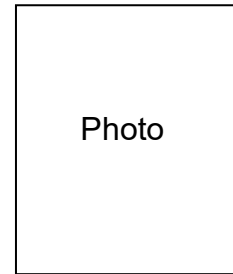




YOYOGI INTERNATIONAL SCHOOL
 1-15-12, Tomigaya, Shibuya-ku, Tokyo 151-0063
 TEL: 03(5478)6714 FAX: 03 (5478)6713
 http://www.yoyogiinternationalschool.com



APPLICATION FORM

Child's Name(First name) _____ / (Family name) _____ Gender _____

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

Home Address _____

Zip Code _____ Home Tel _____

First Language _____ Second Language _____

Father's Name _____ Nationality _____

Father's Cell phone _____ Father's Email _____

Company _____ Tel _____

Company Address _____

Mother's Name _____ Nationality _____

Mother's Cell phone _____ Mother's Email _____

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/Kindergarten

16 months old (Little Penguins)	A1	A2	A3	B1	B2	B3	C1	C2	C3
2-3 years old (Penguins)	A1	A2	A3	B1	B2	B3	C1	C2	C3
3-4 years old (Seals)	A	B	C	4-5 years old (Dolphins)					

Primary School

Primary 1	Primary 2	Primary 3	Primary 4	Primary 5	Primary 6
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Please indicate when you would like to enroll your child (mo/day/yr) _____

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 _____