



ENGLISH SCHOOL

とっとりすくーる

APPLICATION FORM

Entrance Accepted	/	/
Entrance Day	/	/

◆ Personal details of student

	Family Name 姓	First Name 名	Middle Name ミドルネーム
English			
Japanese			
Date of birth 生年月日: Y年	/M月	/D	Sex 性別: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
Address 住所: 〒 -			
Tel:		Emergency contact: 緊急連絡先	
First Language 第一言語:			
<input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Others			
Second Language 第二言語:			
<input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Others			
Nationality 国籍:		Religion 宗教:	Blood type 血液型:
Height at birth 出生時身長:	Weight at birth 出生時体重:	Food allergy 食べ物アレルギー:	
cm	g	<input type="checkbox"/> No <input type="checkbox"/> Yes ()	
Previous school 以前の学校:		Name of your current school (after school student) 現在通っている学校名:	Grade 学年:

◆ Personal details of father or person who shares household 父親または家庭共有者個人の詳細

Family Name 姓	First Name 名	Middle Name ミドルネーム
Date of birth: Y年	/M月	/D日
Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
Address 住所: 〒 -		
Tel:	Mobile:	Email Address (Mobile):
Work place 職場先:	Tel:	Fax:
Language 言語:		
<input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Others		
Nationality 国籍:	Religion 宗教:	Relation to student 続柄:

◆ Personal details of mother or person who shares household 母親または家庭共有者個人の詳細

Family Name 姓	First Name 名	Middle Name 中間名
Date of birth: Y年	/M月	/D日
Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
Address 住所: 〒 -		
Tel:	Mobile:	Email Address (Mobile):
Work place 職場先:	Tel:	Fax:

Language 言語: <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Others		
Nationality 国籍:	Religion:宗教	Relation to student:続柄

◆ **Address of overseas or another address in case parents and student live separately**

Family Name 姓	First Name 名	Middle Name 中間名
Date of birth: Y /M /D Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address: 〒 -		
Tel:	Mobile:	Email Address (PC):
Work place:	Tel:	Fax:
First Language: <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Others		
Second Language: <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Others		
Nationality:	Religion:	Relation to student:

◆ **Information about the payer 支払人についての情報**

Payer 支払人	Name	Contact number
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Company <input type="checkbox"/> Others		

◆ **Plans after graduation 卒園後のプラン**

<input type="checkbox"/> Japanese school	<input type="checkbox"/> International school	<input type="checkbox"/> Studying abroad	<input type="checkbox"/> Others
--	---	--	---------------------------------

◆ **About special lessons 特別授業について**

Would you like to enroll in any special lesson? 他に特別授業に入会したいですか <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Eiken prep. <input type="checkbox"/> SSAT prep. <input type="checkbox"/> Bridging lessons (English/ Math) <input type="checkbox"/> Arabic <input type="checkbox"/> French	

◆ **Please tell us if your child needs any special care**

お子さんが何か特別な注意が必要であればお知らせください

--

◆ **Please tell us the reason why you choose this school and your intention for child after graduation**

なぜ当園をお選び頂いたのか、又卒園後の子供たちの意向をお聞かせください

--

STUDENT QUESTIONNAIRE

Student Information

Family Name	Middle Name	Given Name
-------------	-------------	------------

- Can your child walk by themselves? 自分自身で歩くことができますか Yes No
- Can your child speak some simple words like mommy and daddy? Yes No
- Mommy や daddy などの簡単な言葉を話すことができますか
- Can your child drink water with a glass? Yes No
- 自分でコップの水をのむことができますか
- Can your child make simple gestures such as hello, bye-bye and so on? Yes No
- こんにちはやさようならなどのような簡単なジェスチャーをすることができますか
- Can your child run? 走ることができますか Yes No
- Can your child eat with a spoon? スプーンで食べることができますか Yes No
- Can your child eat with chopsticks? お箸で食べることができますか Yes No
- Can your child say your name? 自分の名前を言うことができますか Yes No
- Is your child potty trained? Or using diapers? training diapers Finished
- トイレトレーニング トレーニング中 オムツで 終了
- Can your child ascend and descend the stairs? Yes No
- 階段の上り下りができますか
- Can your child change their clothes by themselves? Yes No
- 自分で服を着替えることができますか
- Can your child put on/ take off their shoes? Yes No
- 靴を履いたり脱いだりできますか
- Is your child able to use a pencil? 鉛筆を使うことができますか Yes No
- Does your child watch TV? テレビをみますか Yes No
- What activities does your child like? Yes () No
- 子どもが好きな活動はなんですか
- Does your child have any allergies? Yes () No
- なにかアレルギーをお持ちですか
- Have your child studied English before? Yes () No
- いままで英語を勉強したことがありますか
- How much English does your child understand? Yes () No
- どのくらい英語を理解していますか
- Does your child have any religious requirement? Yes () No
- なにか宗教的制限をお持ちですか
- If you have any questions? Yes () No
- なにか質問がございましたらお知らせ下さい
- Please let us know.



ENGLISH SCHOOL

とっとぶりすくーる

NOTICE FOR TRAVELING ABROAD

As we have a lot of reports of infection worldwide, please let us know when you have traveled abroad.

Please fill in the paper and hand them out to the office staff.

Class _____ Name _____ Date / / _____

(I have I have not) traveled abroad from Y /M /D please write date 6 months back from entrance day) until now.入校日から 6 か月以内に旅行された方

Please write how long you have stayed and which country you have traveled	
どのくらいの期間滞在し、どの国へ旅行したのかご記入ください	
Date Y /M /D ~ Y /M /D	Country
Date Y /M /D ~ Y /M /D	Country
Date Y /M /D ~ Y /M /D	Country
Date Y /M /D ~ Y /M /D	Country

Please write how long you have stayed and which country you have traveled			
Afghanistan	Africa	Bangladesh	Bhutan
Bolivia	Brazil	Cambodia	China
Dominican Republic	Ecuador	Guyana	Haiti
India	Indonesia	Iraq	Kazakhstan
Kyrgyzstan	Laos	Latvia	Macau
Mongolia	Morocco	Myanmar	Nepal
North Korea	Pakistan	Papua New Guinea	Peru
Philippines	Romania	Russia	Thailand
Vietnam			

Parent's signature _____