

Office Use			
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Please glue the photograph of applicant here.

Approx. 4 cm x 5 cm
Photograph taken within 6 months.

(Please write the name on the back.)

MAKUHARI INTERNATIONAL SCHOOL APPLICATION FORM (SCHOOL YEAR 2012 - 2013)



STUDENT INFORMATION	Name in English	Last Name	First Name	Middle Name
	ふりがな	Date of Birth		SEX
	氏名 (漢字) Name in Japanese	/ / Year Month Day		MALE FEMALE
	Application to Grade	To join MIS in _____ (Month) _____ (Day)		
	Nationality	Visa Status (If Foreign National)		
	Does he/she have siblings at Makuhari International School? Yes/No If so, please write the MIS student's name and class. (Name: _____ Class: _____)			
	Address in English (Please write the name of your residence correctly if needed.)			
	Address in Japanese (現住所 建物名もご記入ください。) (〒 _____)			
	TEL (home)		FAX	
	PARENT (FATHER)	ふりがな		
Name (in Japanese)				Nationality
Name (in English)				Mobile Phone
E-mail Address				
Employer				Work Phone
PARENT (MOTHER)	ふりがな			
	Name (in Japanese)			Nationality
	Name (in English)			Mobile Phone
	E-mail Address			
	Employer			Work Phone

S T U D E N T I N F O R M A T I O N	SCHOOL HISTORY	Current School he/she attends (_____)	
		Language of Instruction (_____)	
		Previous School Attended (_____)	
		Language of Instruction (_____)	
	ENGLISH ABILITY	Is English used at home? (_____)	
		Has your child studied in a full time International School before? (_____)	
		How long has your child been speaking English? (_____)	
		Has your child had instruction in English additionally to time spent in school? (_____)	
	EXPERIENCES LIVING ABROAD	Country Stayed (_____)	
		Period Stayed (_____ / _____ / _____ ~ _____ / _____ / _____) Year Month Day Year Month Day	
Does your child have any special learning needs? If so please provide information.			
How long do you plan to stay at Makuhari International School?			
Who will be paying the tuition fees?			
If this is a company, please give details.		Company Name (_____) Person to be Contacted (_____) Direct Phone Number of the Person (_____)	
Please explain how you found out about the school.			
QUESTIONS BELOW ARE FOR APPLICANTS TO KINDERGARTEN 1 ONLY			
Can your child care for his/her bathroom needs?		YES / NO	
How often do you read stories to your child?			
What time does your child go to bed?			
Does your child take an afternoon nap?		YES / NO *IF YES, HOW LONG? (_____)	
FOR ALL PARENTS – ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD? PLEASE WRITE BELOW.			
Signed _____ Date _____			
All information disclosed in this form will be treated as confidential by the school and neither publicised to other third parties, nor used for any other purposes.			