Office Use			
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			Please glue the photograph of applicant here.

MAKUHARI INTERNATIONAL SCHOOL APPLICATION FORM

MAKUHARI INTERNATIONAL SCHOOL

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

(Please write the name on the back.)

	on the such,										
	Last Name First Name				Middle Name						
Name in English											
ふりがな			Date of			SEX					
氏名 (漢字) Name in Japanese		Year Mont			/ Month Day	MALE FEMALE					
Application t Grade	0		To join MIS in			(Month)					
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:)											
1) Current Address (日本の場合は、日本語でご記入ください。建物名もご記入ください。) (〒)											
2) Address after Enrolment (日本語でご記入ください。現住所と同じ場合は「同上」とご記入ください。) (〒)											
TEL (home)			FAX								
ふりがな											
Name (in Japanese)			Nationa								
Name (in English)			Mobile Phone								
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Employer				Work Phone							
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		Current Schoo	ol he/she atte	ends ()	
HISTO		Language of Ir	struction ()					
	SCHOOL HISTORY	Period Attend	ed(Year	/	Month	/	Day	~	Yea	/ r	Month	/	Day)
(日本の学校 の場合、日本 語で記入)		Current Schoo	ol he/she atte	ends ()	
		Language of Ir	struction ()					
		Period Attend	ed(Year	/	Month	/	Day	~	Yea	/ r	Month	/	Day)
S T		Is English use	ed at home?)	
U D	ENGLISH	Has your child studied in a full time International School before?									\			
E N		How long has	your child l	oeen s	peaking	Engli	sh?)	
Т		Has your chi	ld had instru	otion i	in Englic	h ada	ditionall	v +0 +in	no cnon	t in c	ohool?)	
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N F														
O R	EXPERIENCES	Country Staye	ed ()		
M A T I	LIVING ABROAD	Period Stayed	(Year	/	Month	/	Day	~	Year	/	Month	/	Day)
O N		child have any so please prov												
	_	do you plan to s International S		nari										
	Does your cl	are living outsi nild also go to v y school ((日2	Japanese lang		YES ()	/ NO	1	
		e paying the n fees?												
If this is a company, please give details. Company Name (Person to be Contacted (Direct Phone Number of the Person ())			
Plea	se explain how about the s	you found out												
		QUESTIONS	BELOW A	RE F	OR AP	PLIC	ANTS	то кі	INDERG	GAR ⁻	ΤΕΝ 1 C	DNLY		
Car	n your child car bathroom r		YES / NO											
	Does your child take an YES / No			*IF \	YES, HOV	V LON	NG? ()
afternoon nap? What time does your child go to bed?														
How	often do you i your ch	read stories to												
	FOR ALL P	ARENTS - AN	Y ADDITION	AL INF	ORMATI	ON Y	ou wol	JLD LIK	CE TO A	DD?	PLEASE	WRITI	E BELO	W.
S	igned				Dat	e _								
All in	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.													
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