

Office Use			
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MAKUHARI INTERNATIONAL SCHOOL APPLICATION FORM



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.)

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: _____)			
	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
	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	

STUDENT INFORMATION	SCHOOL HISTORY (日本の学校の場合、日本語で記入)	Current School he/she attends ()
		Language of Instruction ()
	Period Attended (Year / Month / Day ~ Year / Month / Day)	
	Current School he/she attends ()	
	Language of Instruction ()	
	Period Attended (Year / Month / Day ~ Year / Month / Day)	
	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?		
(If you are living outside of Japan) Does your child also go to Japanese language supplementary school ((日本語)補習授業校)?		
Who will be paying the tuition fees?	YES () / NO	
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	
Does your child take an afternoon nap?	YES / NO *IF YES, HOW LONG? ()	
What time does your child go to bed?		
How often do you read stories to your child?		
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.		