


Office Use			
			<p>Please glue the photograph of applicant here.</p> <p>Approx. 4 cm x 5 cm Photograph taken within 6 months.</p> <p>(Please write the name on the back.)</p>

MAKUHARI INTERNATIONAL SCHOOL APPLICATION FORM (Pre-School 2020)



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	
	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				
	Address in Japanese (現住所 日本語でご記入ください) (〒 _____)				
	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 <small>(if applicable)</small>		Current School he/she attends ()
			Language of Instruction ()
	ENGLISH ABILITY		Previous School Attended ()
			Language of Instruction ()
	EXPERIENCES LIVING ABROAD		Is English used at home? ()
			How long has your child been speaking English? ()
EXPERIENCES LIVING ABROAD		Country Stayed ()	
		Period Stayed (/ / ~ / /) <small>Year Month Day Year Month Day</small>	
Does your child have any food allergy? 		YES / NO	
If YES, please explain in detail.			
Please explain how you found out about the school.			
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.			
Office Use <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3			