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Please glue a photograph of the applicant here.

Approx. 4 cm x 5 cm photograph taken within the past 6 months.

(Please write the in name on the back.)

# MAKUHARI INTERNATIONAL SCHOOL APPLICATION FORM



STUDENT INFORMATION	Name in English	Last Name	First Name	Middle Name
	ふりがな			Date of Birth
	氏名 (漢字) Name in Japanese			Gender
			Year	Month
			Day	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	Application to Grade		To join MIS in	_____ (Month) _____ (Day)
	Nationality		Application Criteria Please Check	<input type="checkbox"/> Criteria 1 (Foreign Nationality) <input type="checkbox"/> Criteria 2 (Dual Nationality) <input type="checkbox"/> Criteria 3 (Japanese Returnee) <input type="checkbox"/> Criteria 4 (Non-Returnee Japanese)
	● Does he/she have siblings at Makuhari International School? <input type="checkbox"/> Yes/ <input type="checkbox"/> No If so, please write the MIS student's name and class. (Name: _____ Class: _____)			
	● Does he/she have siblings applying to Makuhari International School at the same time? <input type="checkbox"/> Yes/ <input type="checkbox"/> No If so, please write the child's name and grade. (Name: _____ Grade: _____)			
	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	
	Email Address			
	Employer		Work Phone	
PARENT (MOTHER)	ふりがな			
	Name (in Japanese)		Nationality	
	Name (in English)		Mobile Phone	
	Email Address			
	Employer		Work Phone	

S T U D E N T  I N F O R M A T I O N	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 ( )	
	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 in addition to time spent in school? ( )	
	EXPERIENCE LIVING ABROAD	Country Stayed ( )	
		Period Stayed ( Year / Month / Day ~ Year / Month / Day )	
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)?		YES ( ) / NO	
Please explain how you found out about the school.			
<b>QUESTIONS BELOW ARE FOR APPLICANTS TO KINDERGARTEN 1 ONLY</b>			
Can your child care for his/her bathroom needs?		<input type="checkbox"/> YES / <input type="checkbox"/> NO (Students may not use diapers at school.)	
Does your child take an afternoon nap?		<input type="checkbox"/> YES / <input type="checkbox"/> NO *IF YES, HOW LONG? ( )	
What time does your child go to bed?			
How often do you read stories to your child?			
<b>FOR ALL PARENTS – ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD? PLEASE WRITE BELOW.</b>			
<b>I declare that the details mentioned above are true and complete. I agree to follow the Makuhari International School Home School Agreement as well as the Parent Handbook and MIS Parent/Guardian Positive Engagement Expectations.</b>			
Signed _____		Date _____	

All information disclosed in this form will be treated as confidential by the school and not shared with any third parties, nor used for any other purposes.