

SUN'S INTERNATIONAL PRESCHOOL

2-17-22 Yuigahama, Kamakura-shi Kanagawa

Tel/Fax: 0467-22-2486



APPLICATION FORM

FOR OFFICE USE ONLY:

Proposed Entrance Date: _____

Application received on: _____

Applicant's Name: _____

(Last)

(First)

(Middle)

Date of birth: _____ / _____ / _____ Age: _____

(Month / Day / Year)

Nationality: _____ Religion: _____

Spoken languages: _____

School last attended: _____ year _____

School Address: _____

Date of withdrawal: _____ Proposed Entrance Date into Sun's: _____

Previous schools: _____ year _____

_____ year _____

Home Address in Japan: _____

Zip Code: _____ Tel: _____ Fax: _____

E-mail Address: _____

E-mail Address (Mobile): _____

Father's Name: _____

(Last)

(First)

(Middle)

Nationality: _____ Religion: _____

Spoken languages: _____

Profession/Firm/Organization: _____

Tel: _____ Mobile: _____

Mother's Name: _____

(Last)

(First)

(Middle)

Nationality: _____ Religion: _____

Spoken languages: _____

Profession/Firm/Organization: _____

Tel: _____ Mobile: _____

Is there anything else about your child that the preschool staff should be aware of in order to help and understand him / her better? : _____

ENDORSEMENT – RELEASE FORM

I approve and endorse the registration of my son/daughter at Sun's International Preschool. If my son/daughter is admitted, I hereby guarantee the following:

- a. The payment of the school fees and other expenses.
- b. I voluntarily waive any claims against the school, its administrators, and teachers.
- c. I recognize the right of the school to exclude, at any time, a student whose behavior or academic standing renders his/her undesirable in the school.

Parent's signature: _____ Date: _____

LANGUAGE ABILITY

FOR THE STUDENTS ENTERING PRESCHOOL

Child's Name: _____

Please check one of the three:

- _____ 1. My son/daughter speaks **English** only.
_____ 2. My son/daughter speaks _____ only (no English).
_____ 3. My son/daughter speaks English and other language(s).

(If you have checked the first or the second blank, please disregard the following.)

If you have checked the third blank, please complete the following:

- a.** Language(s) spoken at home by my son/daughter are: English, _____, _____
- b.** Language(s) spoken to my son/daughter by his/her father (use check mark):
English _____ 100% _____ 50% Other language 100% _____
- c.** Language(s) spoken to my son/daughter by his/her mother (use check mark):
English _____ 100% _____ 50% Other language 100% _____
- d.** Language(s) spoken among siblings:
English _____ 100% _____ 50% Other language 100% _____
- e.** My son's/daughter's English is:
_____ Excellent _____ Fair _____ Poor
- f.** My son/daughter was first exposed to English at age ____ for a total of ____ years.
Were these years continuous? _____ Yes _____ No
- g.** My son/daughter went to an English-speaking Nursery or Preschool.
_____ Yes _____ No
- h.** We encourage the use of English at home. _____ Yes _____ No

Comments: Please feel free to use the back page.

(Comments in Japanese are also welcome)

Sun's International Preschool