**KERRIA INTERNATIONAL SCHOOL OF JAPAN**



**ADMISSION FORM**

Applying for :　 Preschool (2-3 years) ・ K1 (3-4 years) ・ K2 (4-5 years)

Child’s full name : (Family name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Given name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender :　　　　 Male ・ Female

Date of Birth: (year) \_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_ / (age)\_\_\_\_\_\_\_\_\_\_

FAMILY INFORMATION

Father’s name : (Family name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Given name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name : (Family name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Given name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current residential address : (Postal code) 〒　　　　ー

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone number/s : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address : 　　　\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name and number :

Name ① : (Family name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Given name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

　　　　　 (Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　(Phone Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name ② : (Family name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Given name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

　　　　　 (Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　(Phone Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH FORMS

\***Please notify us of any changes to the information provided as soon as possible.**

◆ Blood Type : 　\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（ RH ＋ ・ － ）

◆ Normal Temperature: 　　　　　 ℃

◆ Known Health Issues 　　 　　　　１. Yes　　　 ２. No

|  |
| --- |
| ＊If “Yes”, please explain.【disease・symptoms】(ex. fever convulsion with above 38.0℃)【Medication】(ex. suppository if it’s above 37.5℃) |

◆ Is your child toilet trained? 　　　　１. Yes　　　 ２. No

◆ Allergy　　　　　　　 　　　　 　１. Yes　　　 ２. No

|  |
| --- |
| ＊If “Yes”, please explain.【Allergies】(ex. Flour, Egg and Nut)【Medication】(ex. EpiPen for Allergic) |

Students of Kerria International may be photographed when involved in school activities.

These photos may be used for educational purposes or to promote activities at school.

 Date :

Parent’s / Guardian’s Signature　\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_