

# APPLICATION FORM

## NEW INTERNATIONAL SCHOOL

3-18-32 Minami-Ikebukuro  
Toshima-ku, Tokyo 171-0022, Japan

Tel. 03-3980-1057  
Fax 03-3980-1154

<http://newis.ed.jp>

ATTACH  
PHOTO OF  
CHILD HERE  
写真貼付

Name of Child お子様の氏名: \_\_\_\_\_ Sex 性別: M \_\_\_ F \_\_\_ Date of Birth 生年月日: YMD \_\_\_\_\_  
年 月 日

Residence Address 住所: \_\_\_\_\_

Zip Code 郵便番号: \_\_\_\_\_

Permanent Address in Japan or home country (in the event of an emergency) 緊急時における国内または本国の連絡先住所: \_\_\_\_\_

Contact Number(s) for household 連絡先: Telephone 電話番号: \_\_\_\_\_ Fax ファックス \_\_\_\_\_

Cellular Phone(s) 携帯電話: Mother 母親: \_\_\_\_\_ Father 父親: \_\_\_\_\_ Other その他: \_\_\_\_\_

E-mail Address(es) E-メール: Mother 母親: \_\_\_\_\_ Father 父親: \_\_\_\_\_ Other その他: \_\_\_\_\_

Passport Nationality(ies) of Child お子様のパスポート上の国籍: \_\_\_\_\_

With whom does the child live? (Include everyone in household) お子様と同居しているのは:

Father or Male Guardian 父親・男性の保護者 \_\_\_\_\_ Mother or Female Guardian 母親・女性の保護者 \_\_\_\_\_

Names of Siblings 兄弟姉妹の氏名:	Birth Date 生年月日	School attending 学校:
_____	Y年M月D日 _____	_____
_____	Y年M月D日 _____	_____
_____	Y年M月D日 _____	_____

List any other residents of Household その他に同居している人をあげてください:

Name 氏名: \_\_\_\_\_ Relationship 続柄 \_\_\_\_\_

Name 氏名: \_\_\_\_\_ Relationship 続柄 \_\_\_\_\_

Name of Father/Male Guardian 父親・男性の保護者氏名: \_\_\_\_\_ Passport Nationality パスポート上の国籍: \_\_\_\_\_

Name of Mother/Female Guardian 母親・女性の保護者氏名: \_\_\_\_\_ Passport Nationality パスポート上の国籍: \_\_\_\_\_

Original Parents are 両親は: Living together with Child(ren) 同居 \_\_\_\_\_ Separated 別居 \_\_\_\_\_ Divorced 離婚 \_\_\_\_\_

Occupational Information concerning Male Parent/Guardian (required, if employed) 父親・男性の保護者の職業:

Company Name/Organizational Affiliation 社名: \_\_\_\_\_

Occupation/Title 職業・役職: \_\_\_\_\_

Business Address 会社住所: \_\_\_\_\_

Business Contact Numbers 会社連絡先: Tel. \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Occupational Information concerning Female Parent/Guardian (required, if employed) 母親・女性の保護者の職業:

Company Name/Organizational Affiliation 社名: \_\_\_\_\_

Occupation/Title 職業・役職: \_\_\_\_\_

Business Address 会社住所: \_\_\_\_\_

Business Contact Numbers 会社連絡先: Tel. \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail \_\_\_\_\_

EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED) 保護者以外の緊急連絡先:

Name 氏名 \_\_\_\_\_ Tel. 電話番号 \_\_\_\_\_ Relationship 続柄 \_\_\_\_\_



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Previous School(s) attended by applicant (an official copy of the school report is required from each):  
以前通学していた学校 (成績証明書が必要です):

Name of School 学校名	Dates Attended 通学年度	Grades Attended 在学学年
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reference from child's previous school or pre-school (if any) who can attest to the child's language proficiencies

お子様の言語能力に関する問い合わせが可能な以前の学校の教員等:

Name氏名: \_\_\_\_\_ Relation to applicantお子様との関係: \_\_\_\_\_ Contact Tel. Number連絡先: \_\_\_\_\_

We are (check one): \_\_\_\_\_ Long-term or Permanent Residents of Japan, or \_\_\_\_\_ Temporary Residents of Japan

私たちは (チェックしてください)

長期滞在・永住しています

短期滞在中です

(If temporary, how many more months or years does your family intend to remain in Japan? 短期滞在の場合はどのくらい滞在の予定ですか? \_\_\_\_\_)

Native Language(s) of Mother/Female Guardian母親・女性の保護者母国語: \_\_\_\_\_

Native Language(s) of Father/Male Guardian父親・男性の保護者母国語: \_\_\_\_\_

Language(s) spoken in child's homeご家庭で話す言語: \_\_\_\_\_

Language(s) Parent(s) wish the child to masterお子様にマスターしてほしい言語:

For oral communication purpose(s)口語: \_\_\_\_\_

For academic purposes (reading & writing)読み書き: \_\_\_\_\_

Check if true:

\_\_\_\_\_ To the best of our knowledge, our child has no physical or learning disabilities that may interfere with the learning process or with full participation in school or in school-related activities.

私どもの知る限りでは、子どもに学校生活に支障となる身体的・学習障害はありません。

If there is any exception to this statement, please provide additional written information below and/or on additional paper if necessary, and a counselor's report, if available, at the time of application. If disabilities are suspected and/or the academic record is exceptionally weak, parents may be referred to a counselor or physician for full evaluation and testing of the child before admissions is finalized, as we only wish to accommodate children we are confident will substantially benefit from our program. 上記に例外がある場合は詳細を明記ください。また、カウンセラーからの書類があれば提出してください。お子様の入学は学校側が当校のプログラムがそのお子様の力を伸ばすと確信があった場合のみ決定します。その為、障害の可能性がある場合、過去の成績が芳しくない場合はカウンセラーや医師からの調査書をお願いする場合があります。

If there is anything else we should know about your family life or circumstances that may be relevant to your child's performance and involvement at school, please discuss it with us at the interview. その他、学校が把握していなければならない点は面談時にお話ください。

WE, AS PARENTS/GUARDIANS OF THE APPLICANT, AFFIRM THAT THE ENTREES MADE ON THIS APPLICATION FORM ARE TRUE AND ACCURATE IN EVERY DETAIL, AND HEREBY MAKE APPLICATION FOR OUR CHILD TO ATTEND NEW INTERNATIONAL SCHOOL 本日願書を提出するにあたり、保護者として上記の記載に偽りのないことを証明します。:

Signature of Male Parent/Guardian父親・男性の保護者の署名: \_\_\_\_\_ Date日付: \_\_\_\_\_

Signature of Female Parent/Guardian母親・女性の保護者の署名: \_\_\_\_\_ Date日付: \_\_\_\_\_

Signature of Parent(s) responsible for payment of School Fees学費支払い者の署名: \_\_\_\_\_