

# APPLICATION FORM

## Tokyo Hikarigaoka International Pre-school

### Student's Information

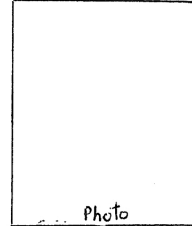
Name : \_\_\_\_\_

Male or Female \_\_\_\_\_

Birthday : \_\_\_\_\_

Nationality : \_\_\_\_\_

Languages at home :1. \_\_\_\_\_ 2. \_\_\_\_\_



### Family Information

Address : \_\_\_\_\_

Tel. No. \_\_\_\_\_

#### Father

Name : \_\_\_\_\_ Occupation : \_\_\_\_\_

Employer : \_\_\_\_\_

Place of employment : \_\_\_\_\_

Tel. No. of employment : \_\_\_\_\_

Mobile phone No. : \_\_\_\_\_

#### Mother

Name : \_\_\_\_\_ Occupation : \_\_\_\_\_

Employer : \_\_\_\_\_

Place of employment : \_\_\_\_\_

Tel. No. of employment : \_\_\_\_\_

Mobile phone No. : \_\_\_\_\_

### Family members

Name	Age	Relationship With the student	school/occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health condition

Has he/she got sick written below? Please write down the details if the answer is Yes.

Asthma	Yes / No
Diabetes	Yes / No
Heart disease	Yes/ No
Attack	Yes / No
Big injury	Yes/ No
Operation	Yes / No
Allergy for food	Yes / No
Allergy for medicine	Yes / No
Other allergy	Yes / No

Is there any difficulties in your child's movement, speaking, or learning process?

Is there anything that teacher should care about your child's affection or behavior?

Does your child need any help medically or physically?

Personality

Write your child's personality with some episode.

Write some good points in your child's personality.

Write anything you are worried about your child right now.

Write what you expect your child to learn in THIP.

Date

Father's signature

Date

Mother's signature