



Application Form



〒241-0835 横浜市旭区柏町112-6
 Tel: 045-363-3356
 http://hyis.org
 Email: contact@hyis.org

Name of Child _____ Nationality _____
 Last Middle Initial First
 Language(s) spoken by child _____

Birthday _____ Gender Male Female _____
 Year/Month/Day
 年/月/日

Home Address _____ (Home and Cell) _____

Guardian's Name _____ Relation to the Child _____
 in case of emergency

Parents	Occupation	Email Address	Phone Number
Father _____	_____	_____	_____
Company/Address _____	_____	_____	_____
Mother _____	_____	_____	_____
Company/Address _____	_____	_____	_____

Native Language(s) of Father/Male Guardian: _____

Native Language(s) of Mother/Female Guardian: _____

Please concur by checking the box on the right:

We are certain that our child has no physical or learning disabilities that may hinder with his or her participation in our academic program and other school-connected activities.

If in case there is a need to have the child referred to counselling or to a physician for full evaluation and check-up prior to finalization of admissions, we are given the permission to do so, since we wish to recognize that the child should be able to benefit entirely from our educational program.

If there is any other important concerns regarding family life and circumstances that may be meaningful to your child's performance and participation at school, please discuss it with us at the interview.

WE, AS PARENTS/GUARDIANS OF THE APPLICANT, CONFIRM THAT THE ENTRIES MADE ON THIS APPLICATION FORM ARE TRUE AND CORRECT, AND HEREBY SUBMIT THIS APPLICATION FOR OUR CHILD TO ATTEND
 HITOKOE YOKOHAMA INTERNATIONAL SCHOOL

Signature of Male Parent/Guardian _____ Date: _____

Signature of Female Parent/Guardian _____ Date: _____

Signature of Parent (s) Responsible for Payment of School Fees: _____

Learning is a path cultivated with pride, uniqueness and discovery!

