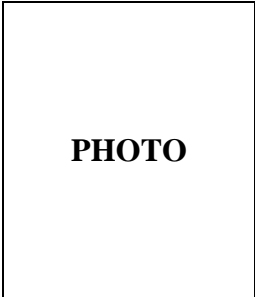


APPLICATION FORM for Eiken test Prep class

Name: _____
 First Name Middle Name (s) Last Name

Sex: Male () Female () Age: _____ Nationality: _____

Date of Birth: _____ Birth Place: _____
 Day Month Year



Home Address: _____
 _____ Zip code: _____

Home Telephone No. : _____ Home Fax. No. : _____

First language: _____ When would you like to start? : _____

Father or Guardian

Mother or Guardian

Name: _____

Name: _____

Language: _____

Language: _____

Name of Organization: _____

Name of Organization: _____

Position/Title: _____

Position/Title: _____

Business Address: _____

Business Address: _____

Business Tel Number: _____

Business Tel Number: _____

Mobile Phone Number: _____

Mobile Phone Number: _____

E-mail Address: _____

E-mail Address: _____

■ Current school

Name of school	Location	Grades Attended
_____	_____	_____

■ List all school(s) applicant has attended. (Most recent school first)

Name of school	Location	Grades Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ Which course would you like to apply ?

Eiken test Prep Class

Week1 (July 19-23)
 Week2 (July 26-30)
 Week3 (August2-6)
 Week4(August16-20)

STUDENT QUESTIONNAIRE

Applicant's Name: _____

Personal Information

A) Please describe your child's character and points that need attention.

B) Please list your child's hobbies, interests and talents.

C) What are your objectives in sending your child to Enishi International School?

D) Please describe if your child had Eiken test before.

E) Does your child have any disabilities (learning or physical)?

F) Please describe any other information you would like to give us about your child.

Language Information

Language spoken by applicant (please use the chart below to answer the following) How well can your child communicate with these languages? Where does he/she use these languages? (ex. at home, kindergarten, language course, etc.) Does your child read or write any language? Please list the language(s) and your child's ability level.

Language Level	<u>English</u>				<u>Japanese</u>				_____				_____			
	high		low		high		low		high		low		high		low	
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We certify that the information provided in this application is complete and correct. If enrolled, we agree to follow the rules and procedures of Enishi International School and to comply with the payment schedule determined by the accounts office.

 Signature of Parent or Guardian

 Date