**About your child**

**Describe your child’s strengths**

**International School Application Form**

Place a passport style recent photo here

Please return by email or post to:

**Kspace International School,**

**5-13-39 Shirokanedai, Minato-ku, Tokyo,**

**108-0071, Japan**

**Describe any areas of challenge or where your child needs support (practical, academic or social e.g. toilet training.)**

[**kspace@kspacetokyo.org**](mailto:kspace@kspacetokyo.org)[**enquiries@kspacetokyo.org**](mailto:enquiries@kspacetokyo.org)

**Student Applicant's Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname (family name) |  | | |
| Forename ƓUVW QDPH |  | | |
| Middle name(s) |  | | |
| Gender |  | Date of birth |  |
| Nationality (Nationalities) |  | | |
| Passport Number/Numbers | *We require a copy of passport (overseas) or*  *ELUWK FHUWLƓFDWH -DSDQHVH QDWLRQDO XSRQ DFFHSWDQFH* | | |
| 1st Language |  | | |
| 2nd Language |  | | |
| Additional Languages |  | | |
| Start date |  | | |
| Name(s) of sibling(s)  currently attending Kspace |  | | |
| Has any of the applicant's siblings attended Kspace in the past? |  | | |

**Please list your child’s interests, hobbies and any activities they enjoy e.g. favourite books/music, games etc.**

(dd/mm/yyyy)

**DATA PROTECTION STATEMENT – The information you provide on this form is required by Kspace International School as part of the admissions process. The data is stored and processed in-house, and not shared with any other parties or organisations.**

Signature: Date:

**School History NO YES (please provide information)**

Has your child been in childcare before?

**International Preschool & Kindergar ten**



Kspace International School, 5-13-39 Shirokanedai, Minato-ku, Tokyo, 108-0071, Japan [kspace@kspacetokyo.org](mailto:kspace@kspacetokyo.org) [enquiries@kspacetokyo.org](mailto:enquiries@kspacetokyo.org)

Has your child been to school before?

*3OHDVH OLVW WKH IXOO QDPH W\SH RI VFKRRO 6FKRRO UHSRUWV QRWHV PD\ EH UHTXHVWHG DW D ODWHU GDWH*

**Parent/Guardian info**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian**  **Information**  Surname (family name) | **Mother** | **Father** | **Guardian** |
| )RUHQDPH V ƓUVW PLGGOH |  |  |  |
| Nationality (nationalities) |  |  |  |
| 1st language |  |  |  |
| 2nd language |  |  |  |
| Additional languages  Mobile number |  |  |  |
| Email address  *3OHDVH GR QRW SURYLGH PRELOH SKRQH SURYLGHU*  *HPDLO DGGUHVV* |  |  |  |
| Occupation |  |  |  |
| Employer  (when residing in Japan) |  |  |  |
| Employer's/company address  (in full with tel.no.) |  |  |  |
| Applicant lives with  (please tick as appropriate) | Both Parents Mother Father  Others (please specify) : | | |

**Contact Information (Address in Japan, if possible)**

Address

Post code

Country

Phone/landline

Mobile

**Invoice & Billing Information**

I would like to be billed:

(tick one)

Per Term

Per Academic Year

Billed Parent or Company/ Sponsor's Name:

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Medical Information**  Eye glasses | | **NO** | **YES (please provide information)** |
| +HDULQJ GLIƓFXOW\ | |  |  |
| Any physical/cognitive/behavioural limitations or challenges? | |  |  |
| Drug allergies | |  |  |
| Food allergies | |  |  |
| Dietary restrictions | |  |  |
| Environmental allergies | |  |  |
| Other health concerns | |  |  |
| **V** | **accination Record** |  |  |
| MR (Measles/Rubella) vaccination |  |  |
| Mumps vaccination | |  |  |
| Rubella vaccination | |  |  |
| BCG. | |  |  |
| Chickenpox | |  |  |
| DPT-IPV (Diptheria Pertussis Tetanus  & Inactivated Polio vaccine) | |  |  |
| Japanese Encephalitis | |  |  |
| Hepatitis B | |  |  |
| +LE +DHPRSKLOXV ,QŴXHQ]DH 7\SH E | |  |  |
| Pneumococcus | |  |  |