**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****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 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 languagesMobile 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 FatherOthers (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 |  |  |