

Kspace

SATURDAY SCHOOL APPLICATION FORM



Welcome to the Kspace Saturday School! Please complete this form. One form must be completed per child. All fields with an asterisk(*) are mandatory.



Student's Information

Surname (family name) *			
Forename (first name) *			
Gender *	<input type="checkbox"/> Girl	<input type="checkbox"/> Boy	Date of birth (dd/mm/yyyy) *
Nationality (nationalities) *			1st Language *
English Language Level*	<input type="checkbox"/> Complete Beginner <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced / Fluent		
If your child has studied English before please tell us where/how:			
Does your child have any English language support at home? *	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Expected Start Date (dd/mm/yyyy) *		Name(s) of sibling(s) at Kspace *	
My child will usually attend *	<input type="checkbox"/> Morning Programme (9.00am to 2.00pm) <input type="checkbox"/> Extended Day (9:00am - 3/4/5/6 or 7:00pm) <input type="checkbox"/> Afternoon Programme 1.00pm to 6.00pm (Sparkling & Super Stars Only)		

School History

Does your child go to school/daycare? *	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	If 'Yes' please select 'Japanese' or 'International' <input type="checkbox"/> Japanese <input type="checkbox"/> International		

Parent/Guardian Information

	Mother	Father	Guardian
Surname (family name) *			
Forename (first name) *			
Nationality (nationalities) *			
1st Language *			
2nd Language *			
Mobile Number *			
Email Address *			

Contact Information

Address in Japan	
Postcode *	
Phone / landline	
Mobile *	

Optional Additional Info

Please help us to get to know your child. Do they have any special interests, likes/dislikes, music ability, talent, favourite sports etc?

Authorisation Area

Parents might be asked to read general school policies and sign them separately.

Submission of this form means that you are applying for Saturday School and agree to the points listed below.

The information that you submit to Kspace will be treated and stored with absolute respect and confidentiality.

Parent/Guardian Online Signature

I understand that children enrolled in Kspace programmes are featured in community newsletters, video recordings, and occasionally media is also used in marketing material. I give my permission for this.

I understand that there may be times when my child is taken outdoors, on the school rooftop or on scheduled field trips. I give my permission for this.

I authorise Kspace to act appropriately in a medical or natural emergency, including taking my child to hospital or seeking further medical aid if necessary.

I am the parent/guardian and all information above is correct.

PRINT NAME (1st/family)

SIGNATURE

DATE



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