

About your child

Describe your child's strengths

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

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

Place a passport style recent photo here

International School Application Form

Please return by email or post to:

Kspace International School,
5-13-39 Shirokanedai, Minato-ku, Tokyo,
108-0071, Japan

kspace@kspacetokyo.org
enquiries@kspacetokyo.org

Student Applicant's Information

Surname (family name)	
Forename (first name)	
Middle name(s)	Date of birth (dd/mm/yyyy)
Gender	
Nationality (Nationalities)	
Passport Number/Numbers	
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?	

We require a copy of passport (overseas) or birth certificate (Japanese national) upon acceptance

School History	NO	YES (please provide information)
Has your child been in childcare before?		
Has your child been to school before? <small>Please list the full name/type of school. School reports/notes may be requested at a later date.</small>		

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: _____



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Applicant's Medical Information	NO	YES (please provide information)
Eye glasses		
Hearing difficulty		
Any physical/cognitive/behavioural limitations or challenges?		
Drug allergies		
Food allergies		
Dietary restrictions		
Environmental allergies		
Other health concerns		
Vaccination Record		
— MR (Measles/Rubella) vaccination		
— Mumps vaccination		
— Rubella vaccination		
— BCG.		
— Chickenpox		
— DPT-IPV (Diphtheria Pertussis Tetanus & Inactivated Polio vaccine)		
— Japanese Encephalitis		
— Hepatitis B		
— Hib (Haemophilus Influenzae Type b)		
— Pneumococcus		

Parent/Guardian info

Parent/Guardian Information	Mother	Father	Guardian
Surname (family name)			
Forename(s) (first/middle)			
Nationality (nationalities)			
1st language			
2nd language			
Additional languages			
Mobile number			
Email address <small>(Please do not provide mobile phone provider email address)</small>			
Occupation			
Employer <small>(when residing in Japan)</small>			
Employer's/company address <small>(in full with tel.no.)</small>			
Applicant lives with <small>(please tick as appropriate)</small>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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: <small>(tick one)</small>	<input type="checkbox"/> Per Term <input type="checkbox"/> Per Academic Year
Billed Parent or Company/ Sponsor's Name:	