



INTERNATIONAL SCHOOL OF THE SACRED HEART

4-3-1 Hiroo, Shibuya-ku, Tokyo 150-0012 Japan

Telephone: 03-3400-3951 Fax: 03-3400-3496

E-mail: info@iss.h.a.c.jp Web: <http://www.iss.h.a.c.jp>

Application Form – Kindergarten

For Office Use Only

Student ID Number: _____

Date of Application: _____/_____/_____
Year Month Day

Remittance Received: Y / N
¥20,000

Date of Remittance: _____/_____/_____
Year Month Day

Please Attach
Photograph

Please send this form directly to Admissions by email (admissions@iss.h.a.c.jp) or by fax (+81-3-3400-3496)

Applicant's Name: _____/_____/_____
(According to Passport) Last Name First Name Middle Name

Present/Recently Completed Grade: _____ Date/Grade to Enter ISSH: _____ / K3, K4, K5 (circle)

Date of Birth: _____/_____/_____
Year Month Day Age: _____ Religion: _____

Place of Birth: _____/_____/_____
City State, Province Country Nationality: _____
(According to Passport)

First Language: _____ Language(s) spoken at home: _____

English Ability: Fluent: _____ Limited: _____ Nil: _____ Female/Male (please circle one)

Mother's Name: _____/_____/_____
Last First Middle Father's Name: _____/_____/_____
Last First Middle

Nationality: _____ Religion: _____ Nationality: _____ Religion: _____

Company Name: _____ Company Name: _____

Profession / Title: _____ Profession / Title: _____

Business Address in Japan: _____ Business Address in Japan: _____

Zip Code: _____ Zip Code: _____

Mobile Phone: _____ Mobile Phone: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

E-mail: _____ E-mail: _____

Sibling Name(s) in full (list all with ages, grade & names of the schools applying or enrolled in Japan)

Home Address in Japan: _____

Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

School History: Has your child attended a nursery school, preschool, Headstart Kindergarten?

Grade	Date Enrolled ~ Date Left	Days per week attended	Total hours per week attended	School Name	Country

Anticipated length of stay in Japan: _____

CAN YOUR CHILD?

- | | | | |
|---|----------|------------------------------------|----------|
| 1. Draw & color beyond a simple scribble? | Yes / No | 5. Use scissors for rough cutting? | Yes / No |
| 2. Tie a knot? | Yes / No | 6. Take care of toilet needs? | Yes / No |
| 3. Fasten own shoes? | Yes / No | 7. Be left alone with sitters? | Yes / No |
| 4. Fasten visible buttons? | Yes / No | | |

HAS YOUR CHILD'S GENERAL DEVELOPMENT TO DATE BEEN: Early, as expected, or delayed?

If delayed, give details: _____

SUPPORT SERVICES:

- Parents must inform the school and provide documentation of any Support Service. This includes all copies of reports and recommendations from any educational, psychological, psychiatric, behavioral or medical support service, **as well as updated school reports upon submission of the application form**. If this information is not submitted, then ISSH reserves the right to withdraw any offers of placements in our program.
- It is important to note that **ongoing** enrollment at ISSH for students with Special Needs will be based upon the student's ability to function within the regular program and special services the school **currently** offers at the applicable grade level.
- Has your child received any special services? Yes / No
 - Has your child had special reading help? Yes / No
 - Has your child had speech therapy? Yes / No
 - Has your child been placed in a special class? Yes / No
 - Has your child had psychological testing / counseling? Yes / No
 - Has your child received physiotherapy services? Yes / No
 - Has your child received occupational therapy? Yes / No
 - Has your child had psychiatric testing? Yes / No
 - Has your child received a cognitive, academic or neuropsychological assessment? Yes / No
 - Has medication been prescribed by any doctor / specialist to support your child's educational needs? Yes / No

SERVICE(S)

WHERE OBTAINED

DATE

MEDICAL INFORMATION:

- Does your child have any medication, food allergies or other allergies? Yes / No
- Has your child had any accidents, illnesses or medical condition, which may affect her/his participation in a normal school day, which will include Physical Education? Yes / No
Accidents/ Illnesses: _____
- Has medication been prescribed by any doctor / specialists to support your child's physical needs? Yes / No
Medication: _____

_____ Date _____/_____/_____
Signature of Parent Year Month Day

Current Contact Details: Fax: _____ E-mail: _____

Address: _____