

Application for Admission

入学願書



Office Use Only

Student #	
Date Received	
Examination Fee	
Access	
Power school	

CANADIAN INTERNATIONAL SCHOOL

Student Information (ALL SPACES MUST BE COMPLETED IN ENGLISH)

Name 氏名 Last (姓) First (名) Middle (ミドル)

Birth Date 誕生日 Month (月) Day (日) Year (年) Age 年齢 Sex 性別 Male Female 男 女

Nationality 国籍 First Language 母国語

Home Address in Japan 日本国内の自宅住所 ZIP code 〒 address

Phone 電話 Fax 電話

Applying to Start 入学希望年月 Year 年 () April 4月 September 9月 Others () 月

Applying for grade 入学希望学年 Kindergarten Grade 学年 ()

Motive 志望動機



Brother & Sisters 兄弟・姉妹 Name 氏名 Birth Date 生年月日 School Name 学校名 Grade 学年

Language(s) Spoken at Home 家庭で話す言語

Parent or Guardian Information

Father or Male Guardian Name 父もしくは男性保護者氏名

Nationality 国籍 First Language 母国語

Name of Company 勤務先 Occupation 職業

Work Address 勤務先住所

Phone 電話番号 Fax ファックス

Email メール Cellular Phone 携帯電話

Please indicate 1 (none), 2 (some), 3 (good) your level of English 貴方の英語のレベルを以下の口に数字でお願いいたします 1(全くできない)、2(いづらか)、3(できる)

English Skill: Face to Face communication Telephone communication 英語のレベル 会って話ができる 電話で話ができる

Mother or Female Guardian Name 母もしくは女性保護者氏名

Nationality 国籍 First Language 母国語

Name of Company 勤務先 Occupation 職業

Work Address 勤務先住所

Phone 電話番号 Fax ファックス

Email メール Cellular Phone 携帯電話

Please indicate 1 (none), 2 (some), 3 (good) your level of English for each 貴方の英語のレベルを以下の口に数字でお願いいたします 1(全くできない)、2(いづらか)、3(できる)

English Skill: Face to Face communication Telephone communication 英語のレベル 会って話ができる 電話で話ができる

Educational History (Please Print Clearly) _____

Complete "Name", "Address", "Starting date", "Finished date" and "Grade" of Schools Previously Attended (Required) これまで在学していた学校の名前、学年、入学年月日、退学時年月日を記入してください。(必須)

Name of School: _____ Grade: _____
学校名 退学時学年

Address: _____
住所

Starting date: _____ Finishing date: _____
入学年月日 退学年月日

Name of School: _____ Grade: _____
学校名 退学時学年

Address: _____
住所

Starting date: _____ Finishing date: _____
入学年月日 退学年月日

Name of School: _____ Grade: _____
学校名 退学時学年

Address: _____
住所

Starting date: _____ Finishing date: _____
入学年月日 退学年月日

Interest / Hobbies (Please Print Clearly) _____

Emergency Contacts (Please Print Clearly) _____

Name <small>氏名</small>	Relationship <small>続柄</small>	Phone <small>電話番号</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize the execution of this registration, agree to follow the rules and regulations of the Canadian International School and will assume full responsibility for all school fees to follow the payment schedule as arranged through the accounting department. I attest that the information given is accurate to the best of my knowledge. Failure to provide accurate and complete information may result in cancellation of an application or acceptance.

私は上記の登録を行うことを認め、カナディアン・インターナショナル・スクールの校則および規則を遵守し、またすべての費用をその経理課により定められた支払い日時に支払うことを責任を負うことを承諾します。上記情報が私の知る限り正確であることを証明いたします。正確且つ完全な情報を提供できない場合においては出願または入学許可が取り消しになることがあります。

Signature of Parent or Guardian: _____
保護者のサイン

Date: _____ / _____ / _____
日付 Month (月) Day (日) Year (年)

Canadian International School

Students Health Record

Official use	
Student #	

Filled in by physician

Height: _____	Weight: _____
Eyes/Color vision	comments
Eyes/Vision	comments
Ears/Hearing	comments
Blood Pressure	
Blood type	
Respiratory system	comments
Circulatory system	comments

Does your child have / had:

<input type="checkbox"/> Heart disease	<input type="checkbox"/> Chickenpox
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Scarlet fever
<input type="checkbox"/> German Measles/Rubella	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Strep throat	<input type="checkbox"/> Asthma
<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> diabetes
<input type="checkbox"/> Mumps	<input type="checkbox"/> TB

Serious Accident / Injury: _____

Hospitalization / Surgery: _____

Allergies Yes () No ()

If yes, please specify the type of allergy, and recommended treatment. Please also specify the dates and ages.

I certify that _____ is free of communicable diseases and is healthy and fit to attend Canadian International School and participate in all school related activities.

Date of Examination: _____ / _____ / _____

Physician's signature Telephone Number

Address

Filled in by physician or parents

Student's Name _____ / _____ / _____
Last name First name Middle name

Grade _____ Sex F M

Nationality _____ DOB _____ / _____ / _____

Emergency Contact #1 _____
 #2 _____

Child Lives with Parent(s)

Other

If other Name _____

Phone No. _____

Doctor or place where healthcare obtained

Name _____

Phone No. _____

Required Immunizations			
Vaccine	Mon/Day/Yr	Vaccine	Mon/Day/yr
Mumps	#1	_____ / _____ / _____	Measles
	#2	_____ / _____ / _____	
Hept B	#1	_____ / _____ / _____	MMR
	#2	_____ / _____ / _____	
	#3	_____ / _____ / _____	
DTP/ DT/ TD	#1	_____ / _____ / _____	Rubella
	#2	_____ / _____ / _____	
	#3	_____ / _____ / _____	Polio
	#4	_____ / _____ / _____	
	#5	_____ / _____ / _____	
	#6	_____ / _____ / _____	

Recommended Immunizations			
Hib	#1	_____ / _____ / _____	Japanese Encephalitis
	#2	_____ / _____ / _____	
	#3	_____ / _____ / _____	
	#4	_____ / _____ / _____	BCG
		ChickenPox	_____ / _____ / _____
		Hept A	#1
			#2

I certify that the above immunization information for _____ is correct.

Physician's signature Telephone Number

Address

Date



CONFIDENTIAL TEACHER RECOMMENDATION

Please type or print clearly in ink.
Please mail this form directly to our Admissions Office in a sealed envelope.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____ / _____ / _____ Current Grade: _____
Year Month Date

EVALUATOR INFORMATION

Name: _____
School Name: _____
School Address: _____
Tel: _____ Fax: _____ Email: _____

I have known the applicant for _____ years as the applicant's

APPLICANT EVALUATION

Words/ phrases that first comes to mind when considering the applicants:

Academic Qualities	Not Sure	Poor	Below Average	Average	Good	Excellent
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Study Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Writing Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Reading Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Conversation Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character Qualities	Not Sure	Poor	Below Average	Average	Good	Excellent
Attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior: Please describe any disciplinary difficulties the applicant had at school or in the community.

Extracurricular Activities: What clubs or programs has the applicant participated?

Signature: _____ Date: _____ / _____ / _____
Year Month Date

Thank you for completing this recommendation form. If possible, please enclose a copy of your school's grading scale.

CANADIAN INTERNATIONAL SCHOOL TOKYO



5-8-20 Kitashinagawa, Shinagawa-ku, Tokyo 141-0001 JAPAN
Tel: 03-5793-1392 Tel (Japanese): 03-5793-3839 Fax: 03-5793-3559

URL: <http://cisjapan.net>

Email: study@cisjapan.net





CANADIAN INTERNATIONAL SCHOOL

THE EXPERIENCE OF EXCELLENCE ♦ THE HONOUR OF ACHIEVEMENT


APPLICATION FEE ¥35,000

Please pay the application fee, 35,000 yen, either in cash or to the following bank account.

受験料 35,000 円を現金または下記の銀行口座振込にてお支払い下さい。

Name	三菱東京 UFJ 銀行/ Mitsubishi Tokyo UFJ Bank
Branch	堂島/ Dojima
Branch Number	058
Account Number	普通 5179552 / Saving 5179552
Holder	カナディアンインターナショナルスクール Canadian International School
Bank Address	〒530-0002 大阪府大阪市北区曾根崎新地 2-2-16 2-2-16 Sonesakishinchi Kita-ku, Osaka City Osaka 530-0002
Bank phone	06-6341-5439
Fax	06-6341-2090
Swift Code	BOTKJPJT

EXAMINATION TICKET

 CANADIAN INTERNATIONAL SCHOOL	<i>Office Use Only</i> <div style="border: 1px dashed black; height: 100px; width: 100%;"></div>																						
	ADMISSION EXAMINATION TICKET <small>Original</small>																						
3cm x 4cm Please attach passport size photo here	<table border="1" style="width: 100%;"><tr><td colspan="3">Student Name</td></tr><tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr><tr><td style="text-align: center;"><small>Last</small></td><td style="text-align: center;"><small>First</small></td><td style="text-align: center;"><small>Middle</small></td></tr><tr><td colspan="3">Date of Birth</td></tr><tr><td style="text-align: center;">_____ / _____ / _____</td></tr><tr><td style="text-align: center;"><small>Month</small></td><td style="text-align: center;"><small>Day</small></td><td style="text-align: center;"><small>Year</small></td></tr><tr><td>Age</td><td colspan="2">Gender</td></tr><tr><td style="height: 30px;"></td><td colspan="2"></td></tr></table>	Student Name			_____	_____	_____	<small>Last</small>	<small>First</small>	<small>Middle</small>	Date of Birth			_____ / _____ / _____	<small>Month</small>	<small>Day</small>	<small>Year</small>	Age	Gender				
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