

Application for Admission



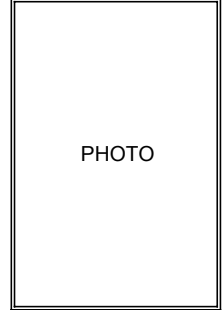
Office Use Only

Student #	
Date Received	
Exam Fee	

CANADIAN INTERNATIONAL SCHOOL TOKYO

1. Student Information

Name	_____ / _____ / _____			
	Family Name	First Name	Middle Name	Preferred Name
Date of Birth	____ / ____ / ____	Age	Gender _____	
	Month	Day	Year	
Nationality	_____		First Language	_____
			Language at Home	_____



2. Contact Details

Home Address in Japan	_____	Postal Code	_____
	_____	Phone #	_____

3. Enrollment Time & Applying Grade

September	<input type="checkbox"/>	April	<input type="checkbox"/>	Others (_____)			
Kindergarten (K)	Elementary (G)	Junior High (G)	Senior High (G)

4. Family Details

Father/ Male Guardian	Name	_____	1st Language	_____
	Phone #	_____	Cell #	_____
	Email	_____		
	<Occupational Details>	Organization/Company Name	_____	
	Address	_____	Occupation	_____

Mother/ Female Guardian	Name	_____	1st Language	_____
	Phone #	_____	Cell #	_____
	Email	_____		
	<Occupational Details>	Organization/Company Name	_____	
	Address	_____	Occupation	_____

Siblings	1	Name	_____	Birthdate	_____
		School	_____	Grade	_____
	2	Name	_____	Birthdate	_____
		School	_____	Grade	_____



Educational History (Latest on the top)

Name of School _____	Grade _____
Address _____	
Date of Enrollment _____	Date of Withdrawal _____

Name of School _____	Grade _____
Address _____	
Date of Enrollment _____	Date of Withdrawal _____

Name of School _____	Grade _____
Address _____	
Date of Enrollment _____	Date of Withdrawal _____

Describe your child's strengths:

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

Reason for applying CIS:

I certify that the information given is accurate to the best of my knowledge. I understand that failure to provide accurate and complete information may result in the cancellation of an application or acceptance.

Parent/Guardian Signature _____ Date _____

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
Respiratory system	comments
Circulatory system	comments

Does your child have / had:

() Heart disease () Chickenpox

() Meningitis () Scarlet fever

() German Measles/Rubella () Epilepsy/Seizures

() Strep throat () Asthma

() Rheumatic fever () diabetes

() Mumps () 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 _____

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 teacher _____

APPLICANT EVALUATION

Words/ phrases that first come 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 via bank transfer to the bank account below.
Kindly attach the payment slip with the application form for submission.

受験料35,000円を下記の銀行口座にお振込みの上、振込受付書の控えをご提出下さい。

Name	三菱UFJ銀行/ Mitsubishi 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