Sesame International Preschool

1-5-14 Hiroo, Shibuya, Tokyo 150-0012 Tel: 03-5485-1197 (Office) Fax: 03-5485-1219 E-mail: open@sesame.tokyo



Application For Admission

Issued:

Course: Child's Name: _____ Date of Birth: _____ / ___ Age: _____ Nationalities: _____ Month Day Residence Address: ______ Zip Code: _____ Contact Number for household: _____ Fax: _____ Email Address: ______/ Native Language (s): _____ Dominant Language(s): _____ Child Lives with Both Parents Guardians 1 parent Other Parent / Guardian's Information * Father's Information Name: _____ Nationalities: ____ Company Name: Occupation: Business Address: Business Contact Number: _____ Fax: _____ Email Address: _____ Cellular Phone: _____ * Mother's Information Name: Nationalities: Company Name: _____ Occupation: _____ Business Address: _____ Business Contact Number: _____ Fax: _____ Email Address: _____ Cellular Phone: _____

EMERGENCY CONTACT (IF PARENTS/GUARDIANS CANNOT BE REACHED)

Name	Contact Number	Relationship
1		
2.		
3		
Other Information		
(Check one): Long Term or	Permanent Residents of Japan	
Temporary Res	sidents of Japan (months / years)
(* If temporary, how n	many more months/years does your fam	ily intend to remain in Japan?)
1. What school is your child curre	ntly attending?	
2. Please give information about y	our child that will be helpful to the	he teachers.
For example: special interests, strer	ngths and weaknesses:	
3. What do you want for your chil	ld from a Sesame International Pi	reschool?
4. If there is anything else we sho relevant to your child's perform	· ·	or circumstances that may be
How did you hear about SesamFriend WordsOther (ne International Preschool? eb site Magazine)	Re-location Company
Signature of Father:		Pate:
Signature of Mother:	D	Pate:
For Office Use Only:		
Data received:		
Date received:		
Course:	Starting Date:	