



REGISTRATION FORM

I hereby enroll the following child from _____ for _____.
(day/month/year) (Department/Class)

Last Name **First Name** **Middle Name(s)**

Name in Chinese characters if any (名前の漢字表記): _____

Place of birth _____ Previous school _____

Parent(s) or Guardian(s)

Father's name _____

Mother's name _____

Nationality _____

Nationality _____

Home language(s) _____

Home language(s) _____

Contact _____

Contact _____

Employer _____

Employer _____

Position (occupation) _____

Position (occupation) _____

Work address _____

Work address _____

Work phone _____

Work phone _____

Emergency contact other than parents/ guardians

Name	
Mobile	
Email	
Relationship	

Billing for School Fees (Tick ✓) : Home Company

For company billing: Contact person & email _____

Date: _____
(day/month/year)

Signature(s): _____