Shimane International Center Academic Support Classroom

Student Registration Form

**Child’s Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | (Alphabet or Kanji) | | | | |
| Pronunciation of Name | (Hiragana or Katakana) | | | | |
| Date of Birth | 年　　　　　月　　　　　日 (yyyy.mm.dd) | | | | |
| Name of School  & Year | (　　　　　　　　)  Junior High School | (　　)  Year | / Graduated/ | | Not attending Japanese junior high school |
| Address | 〒 | | | | |
| Telephone Number |  | | | | |
| Email Address |  | | | | |
| Arrival in Japan | 年 月 (yyyy.mm) | | | | |
| Length of Japanese Study |  | | | | |
| **Guardian’s Information** | | | | | |
| Name |  | | | | |
| Telephone Number |  | | | Father・Mother  Other（　　　　　　　） | |
| Email Address |  | | | Father・Mother  Other（　　　　　　　） | |

I agree to the “Academic Support Classroom Participation Rules” and hereby allow my child to participate in Academic Support Classroom sessions.

Date of Application: 　　　　　　　年　　　　　月　　　　　日 (yyyy.mm.dd)

Signature of Parent/Guardian: