



Sai Sishya International School

3-7-12 Shishibone 1st Floor, Edogawa-ku, Tokyo 133-0073

Ph No: 03-6886-9290

E-mail: info@saisishya.jp

Web: http://www.saisishya.jp

Application Form - Kindergarten

Applicant's Name: _____
Last First Middle

Current Grade: _____ Applying for: K3: 3 years old by September 1

Date to Enter Sai Sishya: _____ / _____ / _____
yyyy mm dd K4: 4 years old by September 1

Date of Birth: _____ / _____ / _____
yyyy mm dd K5: 5 years old by September 1

Place of Birth: _____ Nationality: _____

English Ability: Fluent Limited Nil Gender: Female Male

Please attach photograph

Family Information:

Address: _____

Post Code: _____

Phone: _____ Email: _____

Mother's Name: _____ Father's Name: _____

Nationality: _____ Nationality: _____

Company Name: _____ Company Name: _____

Profession/Title: _____ Profession/Title: _____

Business Address in Japan: _____ Business Address in Japan: _____

Mobile Phone: _____ Mobile Phone: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Anticipated length of stay in Japan: _____

Sibling (s) :

Name	Age	School	Gender
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

School Information:

School History: Please record the schools that your child may have attended in the past.

Grade	Date Enrolled- Date Left	Days per week attended	School Name	Country
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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CAN YOUR CHILD?

1. Draw and color beyond a simple scribble? YES NO
2. Use scissors for rough cutting? YES NO
3. Take care of toilet needs? YES NO
4. Be left alone with sitters? YES NO

HAS YOUR CHILD'S GENERAL DEVELOPMENT TO DATE BEEN: early as expected delayed

If delayed, give details: _____

Support Services:

1. Has your child received any special services? YES NO

If yes, please check ALL of the appropriate programs or services below:

- ESL/EAL
- Speech/Language Therapy
- Remedial/Learning Support
- Behavioral Management
- Occupational Therapy
- Cognitive, Academic or Neuropsychological Assessment
- Psychological testing/counseling
- Other

2. Please give details: _____

Medical Information:

1. Does your child have any medication, food allergies or other allergies? YES NO
2. Has your child had any accidents, illnesses or medical condition, which may affect his/her participation in a normal school day, which will include Physical Education? YES NO
Accidents/Illnesses: _____
3. Has medication been prescribed by any doctor/specialists to support your child's physical needs? YES NO
Medication: _____
4. Is there any information you would like to give us to enable us to provide the best care possible during his/her time at Sai Sishya? _____

I certify that the information given above is correct and all relevant information about the applicant has been provided. I authorize SSIS to request further information from teachers when necessary.

Parent Signature

_____/_____/_____
Date yyyy mm dd

SSIS provides a safe environment for all students and adheres to a strict Child Protection Policy which all families are required to follow. School records in this regard will be forwarded to other schools upon transfer of the child to another school.