

Office Use Only	/
Student #	
Date Received	
Exam Fee	

CANADIAN INTERNATIONAL SCHOOL TOKYO

1. Student	Informat	on			
Name	Family	/ Name First Name	/ Middle Name	/ Preferred Name	_
Date of Birth	Month	/ / A Day Year	geGender		РНОТО
Nationality			First Language		
			Language at Home		
2. Contact	Details				
Home				Postal Code	
Address in Japan				Phone #	
3. Enrollm	ent Time	& Applying Grade			
Se	eptember	April Others	()		
Ki	ndergarten	(K) Elementary (G) Junior High (G) Senior High	(G)
4. Family	Details				
	Name		1	st Language	
Fathar/	Phone #		Cell #		
Father/ Male	Email				
Guardian		onal Details> Organiza			
	Address			Occupation	
	Name		1	st Language	
Mother/	Phone #				
Female	Email				
Guardian			tion/Company Name		
	Address	•	,		
		Name		Birthdate	
0.1.1.	1	.			
Siblings		Name		Birthdate	_
	2				



Educational History (Latest on the top)

Parent/Guardian Signature

Name of School _			Grade
Address _			
		Date of Withdrawal	
Name of School			Grade
Address _			
		Date of Withdrawal	
Address _			
Date of Enrollment _		Date of Withdrawal	
Date of Enrollment _ scribe your child's	s strengths:	Date of Withdrawal	
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Date