



# Ayla International School

## Application Form



Date of application 申込み日: year年 month月 day日

|                                       |  |  |
|---------------------------------------|--|--|
| Name of child (last) (first)<br>子供の名前 | sex 性別<br>male男 <input type="checkbox"/><br>female女 <input type="checkbox"/> | Date of birth 生年月日:<br>year年 month月 day日 |
| Address 住所: 〒                         |  | Parent/guardian's signature: 印鑑          |
| Tel:                                  | Nationality 国籍   | Favorite toy, play 好きなおもちゃや遊び            |
| Fax:                                  | Language spoken at home 家庭で使う言葉:   |  |
| E-mail:                               |  |  |

### <Parents/Guardians 保護者>

|                                       |                     |                                       |                     |
|---------------------------------------|---------------------|---------------------------------------|---------------------|
| Mother/guardian 母・保護者: (last) (first) |                     | Father/guardian 父・保護者: (last) (first) |                     |
| Nationality 国籍:                       |                     | Nationality 国籍:                       |                     |
| Address at work 職場: 〒                 |                     | Address at work 職場: 〒                 |                     |
| Position 地位:                          | Company's name 会社名: | Position 地位:                          | Company's name 会社名: |
| Tel:                                  | Mobile 携帯:          | Tel:                                  | Mobile 携帯:          |

### <Family Members 家族構成>

|         |                 |        |                       |
|---------|-----------------|--------|-----------------------|
| Name 名前 | Relationship 関係 | Age 年齢 | Favorite food 好きな食べ物: |
|         |                 |        | Disfavor food 嫌いな食べ物: |
|         |                 |        | Allergy アレルギー:        |
|         |                 |        |                       |

### <Daily Life Conditions 普段の生活状況>

### <Emergency Contacts 緊急連絡先> (other than the name above 上記以外)

|                               |            |                               |            |
|-------------------------------|------------|-------------------------------|------------|
| Name 名前: (last) (first)       |            | Name 名前: (last) (first)       |            |
| Nationality 国籍:               |            | Nationality 国籍:               |            |
| Address at home/work 自宅・職場: 〒 |            | Address at home/work 自宅・職場: 〒 |            |
| Relationship 関係:              |            | Relationship 関係:              |            |
| Tel:                          | Mobile 携帯: | Tel:                          | Mobile 携帯: |

### <Contact Address in Home Country 国での住所> (only for foreigners 外国人だけ)

|                                 |                  |         |
|---------------------------------|------------------|---------|
| Name 名前:(last) (first) (middle) | Relationship 関係: |         |
|                                 | Tel:             | E-mail: |
| Country 国:                      | Memo メモ:         |         |
| Address 住所:                     |                  |         |

### <Course Information コース内容> (Please tick in the appropriate)

|   |  |   |   |
|---|--|---|---|
| 2 days course 火・木<br><input type="checkbox"/> Tue. Thu.     | 5 days course <input type="checkbox"/><br>月・火・水・木・金<br>Mon. Tue. Wed. Thu. Fri.  | Morning session<br><input type="checkbox"/> Canaria<br><input type="checkbox"/> Hibari<br><input type="checkbox"/> Tsubame<br><input type="checkbox"/> Flamingo | Afternoon session<br><input type="checkbox"/> Asahi<br><input type="checkbox"/> Hikari<br>Culture School <input type="checkbox"/> |
| 3 days course 月・水・金<br><input type="checkbox"/> Mon.Wed.Fri | Culture School <input type="checkbox"/><br>月・火・水・木・金<br>Mon. Tue. Wed. Thu. Fri. |   |   |