

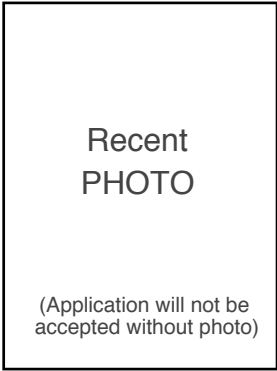
**APPLICATION FOR ADMISSION**



**Seisen International School**

Accredited by the New England Association of Schools & Colleges  
and the Council of International Schools

1-12-15 Yoga, Setagaya-ku, Tokyo 158-0097 Japan  
Tel: +81-3-3704-2661 Fax: +81-3-3701-1033  
www.seisen.com



**Application for the School Year 20\_\_ /20\_\_**

**Grade** \_\_\_\_\_ **Kindergarten** half day \_\_\_ full day \_\_\_ girl \_\_\_ boy \_\_\_

Please PRINT or TYPE

**Applicant's Name:** \_\_\_\_\_  
(Family Name) (Given Names)

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Mon.) (Day) (Year)

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ Grade: \_\_\_\_\_ Until: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Mon.) (Yr.) (Mon.) (Yr.)

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ Grade: \_\_\_\_\_ Until: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Mon.) (Yr.) (Mon.) (Yr.)

**School-time Emergency Contacts (not parents):**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to Parent(s): \_\_\_\_\_

Emergency contact outside Japan: Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to Parent(s): \_\_\_\_\_

*For official use only*

Received		Date of Examination	Accepted	Entering H-d or F-d Grade & Class	Starting Date	Registration				
by	on									
/										

# FAMILY INFORMATION

**Father's Name:** \_\_\_\_\_  
(Family Name) (Given Names)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Mon.) (Day) (Year)

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_  
(Name of Firm) (Title)

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(Family Name) (Given Names)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Mon.) (Day) (Year)

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_  
(Name of Firm) (Title)

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Siblings:**

Name	Male/ Female	Date of Birth (Mon.)(Day)(Yr.)	Current School (Grade)

**Other Family Information:**


**School Bus:** Both-ways or One-way (A.M. or P.M.)  
*please indicate*

**School Lunch:** Please register online with Cezars Kitchen [www.cezarskitchen.com](http://www.cezarskitchen.com)