



Registration for Admission to Ookayama International School

Today's Date _____
Month/Day/Year

Enrolment Date _____
Month/Day/Year

3 x 5 Photograph
of Student

(Optional)

Student Information

Name _____
Last (Family) First (Given) Middle

Preferred Name _____ Age _____ Date of Birth _____

Place of Birth _____ Nationality _____ Sex: Male / Female

Languages: First Language _____

Language Spoken at Home _____

Other Languages _____

Address in Japan _____

Phone _____ Fax _____ Student's Mobile _____

Current Address (if different) _____

Phone _____ Fax _____

3-13-16 Minami Tel: 03 3723 9399
Meguro-ku Fax: 03 3723 9399
Tokyo E-mail: director@tlctokyo.com
152-0013 Website: www.tlctokyo.com

Parent Information

Father's/Guardian's Name _____

Nationality _____ Languages _____

Company _____ Position _____

Business Address _____

Business Phone _____ Business Fax _____

Business E-Mail _____ Personal Mobile _____

Personal E-Mail _____ Other Contacts _____

Mother's/Guardian's Name _____

Nationality _____ Languages _____

Company _____ Position _____

Business Address _____

Business Phone _____ Business Fax _____

Business E-Mail _____ Personal Mobile _____

Personal E-Mail _____ Other Contacts _____

School Information

Last School Attended _____ Grade _____

Address _____

Phone _____ Fax _____ E-Mail _____

Reason for Leaving _____

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Tokyo E-mail: director@tlctokyo.com
152-0013 Website: www.tlctokyo.com

For our information, and to help us plan a program that will best fit your child's needs, please tick the box next to the appropriate description, where applicable, if your son or daughter has ever experienced any of the following:

- ESL/ESOL
- Counseling
- Speech Language Therapy
- Behavioral Management
- Learning Support
- Occupational Therapy
- Use of Special Resource Centers
- Other

If you have ticked any of the above boxes please describe the details briefly below.

Please sign below to certify that the information provided above is complete and accurate:

Parent/Guardian Signature and Date _____

I/we authorize Ookayama International School to request further information from teachers, counselors or administrators for verification.

Parent/Guardian Signature _____ Date _____



Please tick if your child is immunized against the following:

Tetanus First Series

Tetanus Booster

Oral Polio

Measles/Mumps/Rubella

Mumps

Other

Is your child taking any medication at the moment? Yes _____ No _____

If your answer is yes please give details: _____

Will our staff need to be responsible for dispensing any medication? Yes _____ No _____

Permission to dispense Bufferin: Yes _____ No _____

If a student is in urgent need of medical attention it will be provided unless parents specifically state that this is not required.

This form is completed when the student first joins Ookayama International School; it is the responsibility of the parents to inform staff if there are any changes in this information.

I/we confirm that the information provided is correct and acknowledge that we will let the staff at Ookayama International School know of any changes to these details.

Parent/Guardian Signature _____ Date _____