

# Hokkaido International School

Sapporo, Japan [www.his.ac.jp](http://www.his.ac.jp)

## Day Student Application Form\*



Please Print When Filling Out This Form

Family Name:		First Name:		Middle Name:	
Passport 1: (Country Name)	Passport 2: (Country Name)		Gender	Place of Birth:	Date of Birth Month/Day/Year
Father's Name:		Father's Nationality:		Father's Native Language:	
Mother's Name:		Mother's Nationality:		Mother's Native Language:	
Father's Occupation:					
Mother's Occupation:					
Home Address in Japan: 〒 -  If not resident in Japan, please fill in current / permanent home address.		Home Phone:		Home Fax:	
		Father's Workplace Phone:		Mother's Workplace Phone:	
		Father's Cell Phone:		Mother's Cell Phone:	
		Father's Email:		Mother's Email:	
Sibling Information		Gender:	Grade:	Date of Birth (Month/Day/Year)	
Sibling 1 Name:					
Sibling 2 Name:					
Sibling 3 Name:					

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Family Name:	First Name:	Middle Name:	
For Office Use Only:			
Student ID No: _____		Tested ELL Level: _____	
Date Enrolled: ____/____/____		Entering Grade: _____	
Exit Date: ____/____/____		Exit Grade: _____	
Current School's Name:		Address of Current School:	
Last Grade Completed:	Date Completed:	Current Grade:	Date Withdrawn:
Desired Start Date: month/day/year		Desired Start Grade:	
Student's English Ability: (circle one) None      Beginner      Intermediate      Fluent		Parent/Guardian Signature:	

Please comment on your child as a learner. What unique things about your child's learning would you wish to pass on to classroom and subject teachers? (Please feel free to attach or send additional documents if that would help us to best understand your child's learning).

Has your child been assessed for and received any special educational services? (If 'yes', please attach a copy of the psychologist's diagnostic report).

☐ NO

☐ YES -- Please specify \_\_\_\_\_

When you consider your child's overall personality, what would you want his/her teachers to know about your child? Areas that teachers find helpful are insights into interpersonal communication strengths and areas of growth. Emotional strengths and growth areas. (Please feel free to attach or send additional documents if that would help us to best understand your child's learning).

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If any, what health concerns (dietary, physical or emotional) needs does your child have? (Please attach or send additional documents if that would help us to best understand your child's health needs).