

Shimane International Center Academic Support Classroom
Student Registration Form

Registration Information

Child's Name	(Alphabet or Kanji)	
Pronunciation of Child's Name	(Hiragana or Katakana)	
Date of Birth	年 月 日 (yyyy.mm.dd)	
Name of School & Year	(_____) (____) / Graduated / Not attending Japanese junior high school Junior High School Year	
Address	〒	
Telephone Number		
Email Address		
Arrival in Japan	年 月 (yyyy.mm)	
Length of Japanese Study		
Name of Parent/Guardian		
Telephone Number		Father • Mother Other()
Email Address		Father • Mother Other()

I agree to the "Academic Support Classroom Participation Rules" and hereby allow my child to participate in Academic Support Classroom sessions.

Date of Application: _____ 年 月 日 (yyyy.mm.dd)

Signature of Parent/Guardian: _____