

Shimane International Center Academic Support Classroom
Student Registration Form

Child's Information

Name	(Alphabet or Kanji)
Pronunciation of 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	

Guardian's Information

Name		
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: _____