Offic	ce Use		☐ Term 1	☐ Ter	m 2	☐ Te	erm 3			a photograph licant here.	
	Foreign Natio	onality	□ Dual Nationality								
	Japanese Re	turnee	☐ Non−Returnee Japanese						Approx. 4 cm x 5 cm photograph taken		
M	AKUHA	RI IN	TERNATI	ONAL	SCI	HOOL	_		within the p	oast 6 months.	
			FORM (F						II `	e the name on	
							0 20)		the	back.)	
MAK	CUHARI INTE	ERNATIO	NAL SCHOOL ◀						The state of the s		
			Last Name			First Name			Middle Name		
	Name in English										
S T	ふりがな						Da	ite of	Birth	Gender	
U D E N T	氏名					,		,	MALE		
	(漢字) Name in Japanese							/	FEMALE		
							Year	Mon	th Day	LIVIALL	
I N F O	Nationality	onality Visa Status (If Foreign National)									
R M	Does he/she have siblings at Makuhari International School? Yes No										
A T I O			ne MIS student's name and class. (Class: Name: )								
		ldress 現任	主所 (If you live in Ja	pan, please fill	in Japar	nese if possib	ole. 日本にお住り	ハの場	合は日本語で	ご記入ください。)	
N	(〒		)								
	TEL (home)					FAX					
	Name (in English)				ļ						
( F A T H E R )	ふりがな						Nationality				
	氏名 (漢字)						Mobile Phor	ie			
	Name in Japanese Email Address										
	Employer						Work Phone	Э			
	Name (in English)						Nationality	,			
P M A O	ふりがな										
R T E H N E T R	氏名 (漢字) Name in Japanese						Mobile Phor	ie			
	Email Address					-					
	Employe	-					Work Phone	Э			

		Current school he/she attends (											
STUDENT INFORMATION	SCHOOL HISTORY (日本の学校 の場合、日 本語で記入)	Language of Instruction ( ) Country ( )											
		Period Attended / / ~ /											
		Year Month Day Year Month Day											
		Previous school he/she attended (											
		Language of Instruction ( ) Country (											
		Period Attended / / ~ /											
		Year Month Day Year Month Day Is English used at home?											
	ENGLISH ABILITY EXPERIENCE LIVING ABROAD												
		How long has your child been speaking English?											
		Country Stayed (											
		Period Stayed / / ~ / / / / / / / / / / / / / / / /											
		Country Stayed (											
		· / / ~ / · /											
		Period Stayed Year Month Day Year Month Day											
	Does your child have any Yes / No												
	food allergy?												
	If YES, please explain												
	in det												
		<u> </u>											
	se explain how out about the												
		_											
BEL		NTS - ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD? PLEASE WRITE											
<b>,</b> .	1 ,1 ,												
		ne details mentioned above are true and complete. I agree to follow the Makuhari shool Home School Agreement as well as the Parent Handbook and MIS  Parent/Guardiar											
		ement Expectations.											
	Signed	Date											

All information disclosed in this form will be treated as confidential by the school and not shared with any third parties, nor used for any other purposes.