

*CHIST:

Photo
(Bigger than
3 x 4cm)

(taken within the
last 3 months)

Student Information Form

Personal Data—Child

*Mandatory

*Student's Name Musashino Hanna
(Passport name) (Family) (First) (Middle)

*Date of Birth April/ 1 / 2018 *Male Female *Current Grade K3
month day year

*Nationality Japanese

Does your child have brothers/sisters at (or applying to) CHIST? Yes/No

If yes, please write their name(s)

*Please check (✓) the grade you are applying for.

Elementary School Grade 1 Grade 2 Grade 3 Grade 4 Grade 5
Middle School Grade 6 Grade 7 Grade 8 Grade 9
High School Grade 10 Grade 11 Grade 12

Proposed date of enrollment (e.g. April 2018) April 2019

Home Address—Child

*Street 11, Yonban-cho

*City Chiyoda-ku, Tokyo *Postal Code 102-0081

*Country Japan *Home telephone 03-XXX-XXXX *Mobile 080-XXXX-XXXX

*Home email chist@musashino-u.ac.jp Student email _____

Address in Japan (if different from above)

Street _____

City _____ Postal Code _____

Home telephone _____ Mobile _____

Personal Data— Family

*Parent's/Guardian's Family Name Musashino *First Name Taro
*Relationship to child Father *Nationality Japanese
*Languages spoken Japanese, English
*Employer Musashino University EF *Position/Title Manager
*Address 11, Yonbancho, Chiyoda-ku, 102-0081, Tokyo
*Mobile telephone 080-XXXX-XXXX Business telephone _____
*Personal e-mail taro@abcd.co.jp Business email _____
Parent's/Guardian's Family Name Musashino First Name Caroline
Relationship to child Mother Nationality Canadian
Languages spoken English
Employer _____ Position/Title _____
Address _____

Mobile telephone _____ Business telephone _____
Personal e-mail _____ Business email _____

Schooling History— Child

Present School Musashino Kinidergarten Dates attended Apr 2016-Mar 2019 Grade(s) K1-K3
Address 1-1-20, Shinmachi, Nishitokyo City, 202-8585, Tokyo
Language of instruction _____ Telephone _____
Previous School _____ Dates attended _____ Grade(s) _____
Address _____
Language of instruction _____ Telephone _____
Previous School _____ Dates attended _____ Grade(s) _____
Address _____
Language of instruction _____ Telephone _____
Previous School _____ Dates attended _____ Grade(s) _____
Address _____
Language of instruction _____ Telephone _____

*What support services has the applicant received? Please check (✓) if previously or presently participating in any of the programs below. Please bring any relevant reports on the day of the interview.

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavioral management | <input type="checkbox"/> Individual/family counseling | <input type="checkbox"/> Remedial/learning support |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Speech language therapy |
| <input type="checkbox"/> ESOL/ESL/EFL | <input type="checkbox"/> Physical therapy | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Gifted/talented | <input type="checkbox"/> Psychological assessment | <input type="checkbox"/> Other _____ |

Please describe any of the support services checked above (Please attach extra pages if required).

Has your child ever had any social, behavioral, academic or discipline issues in school?
If yes, please explain.

Yes/No No

Has your child ever received or been recommended for extra support in or outside of school?
If yes, please explain.

Yes/No No

If your child has taken a standardized achievement test such as TOEFL, SAT, GCSE, MAP, etc., please submit the most recent results available.

Language— Child

Please complete the language section where applicable.

*First language Japanese How many years of school has your child had in this language? 3 year

Second Language English How many years of school has your child had in this language? 1 year

Third Language _____ How many years of school has your child had in this language? _____

What language(s) does your child speak at home?

*To parents/guardians Japanese, English To brothers/sisters _____

To grandparents _____ To care givers _____

What language(s) are spoken to your child?

*By parents/guardians Japanese, English By brothers/sisters _____

By grandparents _____ By care givers _____

*For each language, please indicate (✓) the degree of proficiency for each of the four skill areas shown.

Basic: my child can speak, read, and write very little in this language

Developing: my child can speak, read, and write in this language

Fluent: my child can speak, read, and write extremely well in this language

First language	Basic	Developing	Fluent	Second language	Basic	Developing	Fluent	Third language	Basic	Developing	Fluent
Listening			✓	Listening			✓	Listening			
Speaking			✓	Speaking			✓	Speaking			
Reading			✓	Reading			✓	Reading			
Writing			✓	Writing		✓		Writing			

Supplementary Information

1. *What are your child's extra-curricular interests/hobbies?

2. *What are your child's strengths?

3. *What are your child's areas that need attention/improving?

4. *What kind of person do you want your child to be?

5. *What attracted you to CHIST? In what ways do you think our school can influence your child's future?

6. *What do you think of the Educational Philosophy of CHIST?

7. *How did you first hear about CHIST? (e.g. Facebook, online articles, friends, information from your current school)

8. Have you ever attended the CHIST events? If so, please note the date. (e.g. School info session, open schools)

I declare that all information provided is complete and correct and I understand that false, inaccurate or misleading information could result in the student's withdrawal from school.

Signature of Parent/Guardian

Date