

## Chiyoda International School Tokyo

### Application for Admission Procedures (Grade 1-5)

**2018-2019**

Chiyoda International School Tokyo (CHIST) accepts applications for admission throughout the school year. The maximum numbers of students for the 2018 school year are: 40 students in grade 1 and 20 students per grade in grades 2-5.

#### Application for Admission Procedures

Complete and submit the documents below to the CHIST Admissions Office **via registered delivery (Kakitome Yubin)**. All items submitted should be indicated on *the Submission Status Sheet*. After confirming all documents listed on the sheet, applicants will be contacted by the office to arrange an interview date within approximately one week or five business days. Please contact the CHIST Admissions Office if you have not received an email by seven business days.

**1. CHIST Student Information Form**

**2. CHIST Student Health Form**

\*Forms can be submitted handwritten or typed.

**3. School Report/Transcript**

【G1】 Copy of kindergarten report

【G2】 Copy of G1 official school transcript

【G3-5】 Copy of official school transcripts for the last two years

**4. Sample of exemplary work**

All exemplary work should include an example of writing in English and/or Japanese (if your native language), math, and work from a special class (art, music, computers, language class, etc.)

**5. Confidential Recommendation (optional)**

\*Must be in a sealed envelope with the signature/stamp of the educator across the seal.

**6. Submission Status Sheet: (attached)**

Please indicate the submission status of each document. With submission of all documents listed on the Submission Status Sheet, your application will be processed.

**Please submit copies as no documents will be returned.**

**<Submit to>**

**Chiyoda International School Tokyo (CHIST) Admissions Office**

11 Yonbancho, Chiyoda-ku, Tokyo, 102-0081, Japan

<Notice>

- All information should be submitted **in English**. Documents can be submitted in Japanese, however, they should be accompanied by an English version as well.
- Due to the admissions policy, CHIST will not reschedule interviews except in rare instances.
- Application documents are only valid for six months. After a period of six months has passed, application documents must be updated.

1. **Interview:**

The interview takes approximately 60 minutes. It is recommended that both parents/guardians attend the interview with the applicant.

**【Contents】**

Applicant: Verbal Interview, assessment on English Proficiency and current math ability  
 Parent(s) /Guardian(s): Verbal Interview

2. **Notification of Admission:**

Applicants are informed by email of application results within approximately one week of the interview.

**\*Personal data/information collected will be used exclusively by and for CHIST only.**

**All information will be confidential.**

**School Fees (2018-2019)**

Entrance examination fee: 20,000 yen  
 Enrollment fee: 300,000 yen  
 Facility maintenance fee: 400,000 yen  
 Educational enrichment fee: 60,000 yen per year  
 Tuition fee: 2,080,000 yen per year

**Age Eligibility**

The grade enrollment system at CHIST is age-based as outlined in the Age Eligibility Chart below.

**Age Eligibility Chart (2018-2019)**

<b>Grade</b>	<b>Date of birth</b>
1	4/2/2011-4/1/2012
2	4/2/2010-4/1/2011
3	4/2/2009-4/1/2010
4	4/2/2008-4/1/2009
5	4/2/2007-4/1/2008

\*If you require further information, please do not hesitate to contact the office.

## Contact

### **Chiyoda International School Tokyo (CHIST) Admissions Office**

Admissions office working day: Monday to Friday

11 Yonbancho, Chiyoda-ku, Tokyo, 102-0081, Japan

Email : [admission@chist.jp](mailto:admission@chist.jp)

Tel: 03-5530-7415 (English)

03-5530-7402 (Japanese)



Student Name: \_\_\_\_\_

## Submission Status Sheet

Please check (✓) one box stating the status of the document.

<Submission status>

1. **Enclosed** : The document(s) is in the same envelope as this sheet.
2. **Previously submitted** : The document(s) has already been submitted to the CHIST Preparatory Office.
3. **Will be submitted separately** : The document(s) will be submitted soon in a different envelope as this sheet.
4. **Other** : Please specifically indicate the submission status in English/Japanese.

Application documents	Submission Status			
	1. Enclosed	2. Previously submitted	3. Will be submitted separately When it will be submitted	4. Other
Student Information Form			✓	
Student Health Form				
School Report/Transcript				
Sample of exemplary work				
Confidential Recommendation <optional>				
Submission Status Sheet (This sheet)	✓			

**\*This document must be submitted with your completed application to CHIST Preparatory Office.**

\*CHIST:

Photo  
(Bigger than  
3 x 4cm)

(taken within the  
last 3 months)

# Student Information Form

## Personal Data—Child

**\*Mandatory**

\*Student's Name \_\_\_\_\_  
(Passport name) (Family) (First) (Middle)

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Male\_\_\_\_ Female\_\_\_\_ \*Current Grade \_\_\_\_  
month day year

\*Nationality \_\_\_\_\_

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) \_\_\_\_\_

## Home Address—Child

\*Street \_\_\_\_\_

\*City \_\_\_\_\_ \*Postal Code \_\_\_\_\_

\*Country \_\_\_\_\_ \*Home telephone \_\_\_\_\_ \*Mobile \_\_\_\_\_

\*Home email \_\_\_\_\_ Student email \_\_\_\_\_

Address in Japan (if different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

## Personal Data— Family

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\*Parent's/Guardian's Family Name \_\_\_\_\_ \*First Name \_\_\_\_\_

\*Relationship to child \_\_\_\_\_ \*Nationality \_\_\_\_\_

\*Languages spoken \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Position/Title \_\_\_\_\_

\*Address \_\_\_\_\_

\*Mobile telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

\*Personal e-mail \_\_\_\_\_ Business email \_\_\_\_\_

Parent's/Guardian's Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Nationality \_\_\_\_\_

Languages spoken \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Mobile telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

Personal e-mail \_\_\_\_\_ Business email \_\_\_\_\_

## Schooling History— Child

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Present 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 \_\_\_\_\_

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.

Behavioral management

Individual/family counseling

Remedial/learning support

Counseling

Occupational therapy

Speech language therapy

ESOL/ESL/EFL

Physical therapy

None

Gifted/talented

Psychological assessment

Other \_\_\_\_\_

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

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Has your child ever had any social, behavioral, academic or discipline issues in school? Yes/No  
 If yes, please explain.

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Has your child ever received or been recommended for extra support in or outside of school? Yes/No  
 If yes, please explain.

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**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 \_\_\_\_\_ How many years of school has your child had in this language? \_\_\_\_\_

Second Language \_\_\_\_\_ How many years of school has your child had in this language? \_\_\_\_\_

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 \_\_\_\_\_ To brothers/sisters \_\_\_\_\_

To grandparents \_\_\_\_\_ To care givers \_\_\_\_\_

What language(s) are spoken to your child?

\*By parents/guardians \_\_\_\_\_ 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

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

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2. \*What are your child's strengths?

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

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

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

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

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

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

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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.

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Signature of Parent/Guardian

Date

\*CHIST:

# Student Health Form

## Student Information

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Student's Name \_\_\_\_\_  
 (Passport name) (Family) (First) (Middle)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Current Grade \_\_\_\_  
month day year

## Emergency Contact Information

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1. Emergency Contact Person: Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

2. Emergency Contact Person: Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

## Medical History

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1. Does the student have any current medical conditions? Please complete the table with a check (✓). Attach additional pages if required.

- |                                    |   |  |  |
|------------------------------------|---|--|--|
| <input type="checkbox"/> ADD/ADHD  | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Major Surgery/Accidents |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Congenital Anomalies | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other _____             |

If yes, please provide details of your condition(s).

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2. Is the student currently taking any medication? Yes/ No  
 If yes, please list the student's current medication(s).

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3. Does the student have any problems with hearing or vision? Yes/No  
 If yes, please provide details.

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4. Does the student have any health problems that restrict his or her participation in physical education, music, or any other school activities? Yes/ No  
If yes, please provide details.

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5. Indicate with a check (✓) if you have had the following.
- Chickenpox                       Mumps                                       Rubella (German Measles)
- Measles                               Pertussis (Whooping cough)       Tuberculosis

6. Immunization Record: Please supply the dates (mm/dd/yy) of each immunization you have received. You may attach a copy of an official immunization record.

DPT-Diphtheria/Pertussis/Tetanus	1. ___/___/___	2. ___/___/___	3. ___/___/___	4. ___/___/___
Polio	1. ___/___/___	2. ___/___/___		
MR (Measles/Rubella)	1. ___/___/___	2. ___/___/___		
DT-Diphtheria/Tetanus Age 12	1. ___/___/___			
Rubella	1. ___/___/___			
Measles	1. ___/___/___			
BCG	1. ___/___/___			

Any additional vaccinations:

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7. Medical Permission

I hereby give permission for my child to be given temporary medication by the school nurse. Medication used in the nurse's office may include, but is not limited to paracetamol, acetaminophen and ibuprofen.

Yes               No

8. Accident Treatment Permission

Understanding that my child may need emergency medical treatment during school hours or at school related activities, I give CHIST personnel permission to seek such treatment for my child as they see fit; and I expect to be contacted and consulted as soon as possible in the event of such an emergency.

Yes               No

I certify that all information above is correct and complete.

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Signature of Parent/Guardian

Date

\*CHIST:

## Confidential Recommendation

**To be completed by the applicant's current or previous homeroom teacher or subject (English or math) teacher or other teachers well familiar with the student's work.**

Student's Name \_\_\_\_\_  
(Passport name) (Family) (First) (Middle)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Current Grade \_\_\_\_  
month day year

Name and title of person completing this form \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

How long and in what capacity have you known the applicant?  
\_\_\_\_\_

Evaluate the candidate on his or her performance in the classroom. Please check (✓) the table below.

No opportunity to observe	Academic Qualities	Poor	Average	Good	Excellent
	Ability to work Independently				
	Academic Achievement				
	Academic Potential				
	Class Participation				
	Communication Skills				
	Mathematics Performance				
	Organization Skills				
	Reading Performance				
	Study Habits				
	Writing Performance				

Evaluate the candidate in relation to his or her classroom peers. Please check (✓) the table below.

No opportunity to observe	Personal Qualities	Poor	Average	Good	Excellent
	Adaptive/flexible				
	Attention/focused				
	Co-curricular involvement				
	Honesty				
	Leadership				
	Personal behavior				
	Relationship with adults				
	Relationship with peers				
	Self-confidence				

1. What are the applicant's strengths or special abilities?

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2. What behavioral difficulty, if any, does the applicant have either at school or elsewhere?

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3. How would you describe the applicant's parents' cooperation and support with teachers, counselors and administrators?

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Signature \_\_\_\_\_

Date \_\_\_\_\_

School telephone \_\_\_\_\_ School fax \_\_\_\_\_ Email address \_\_\_\_\_

**CHIST appreciates your expertise in completing this recommendation. Personal data/information collected by CHIST will be used exclusively by CHIST. Please give the completed recommendation to the applicant/parent in a sealed envelope, signed across the seal. Thank you very much for your cooperation.**