

Chiyoda International School Tokyo

Application for Admission Procedures (Grades 6 and 10)

2019 - 2020

Chiyoda International School Tokyo (CHIST) accepts applications for admission throughout the school year. The maximum numbers of middle school and high school students for the 2019-2020 school year are: 20 students in grade 6; and 20 students in grade 10.

Application for Admission Procedures (Grades 6 and 10)

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 within approximately one week or five business days to arrange an entrance examination date. Please contact the CHIST Admissions Office if you have not received an email within seven business days.

1. CHIST Student Information Form

2. CHIST Student Health Form

*Forms can be submitted handwritten or typed.

3. School Report/Transcript

【G6 or G10】 Copy of official school transcripts for the last two years

4. Samples of exemplary work

These should include an example of writing in English, a math sample, and something from a special class (art, music, computers, language class, etc.)

5. One Confidential Recommendation

This should be from a teacher or school administrator

*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. Upon submission of all documents listed on the Submission Status Sheet, your application will be processed.

Please submit copies (except for the recommendations)

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 Examinations and 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. Scheduling Examinations and Interview (2 1/2 hours):

Upon completion of all required application documents listed above, applicants will be eligible to schedule an Examination and Interview. Please allow two and a half hours for the interview and examination process. Office staff will send an email to schedule the date and time. The examination will test English reading, writing and speaking; math and critical thinking skills; and Japanese language ability. (Non-Japanese speakers will not be penalized if they cannot complete the Japanese portion of the exam.)

2. Interview with Parents before the examination, and with Student alone after the examination:

Parents will be interviewed with their student for about ten to fifteen minutes before the examination. The student will then take the examination alone, proctored by teachers. Students may ask questions during the exam. Teachers will interview the student and discuss the exam right after it is done.

3. Notification of Admission:

Applicants are informed by email of application results within approximately one week of the examination and 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:	2,090,000 yen per year for Middle school 2,200,000 yen per year for High school

Families are also required to purchase specific Macbooks and calculators; and to pay for required school trips, service learning trips, clubs, lunches and other miscellaneous expenses.

Entrance examination fee and enrollment fee are non-refundable.

* Once your child is accepted, payment of enrollment and facility maintenance fees must be completed by the due date.

Age Eligibility

The grade MS/HS enrollment system is age-based as outlined in the Age Eligibility Chart below.

Age Eligibility Chart (2018-2019)

Grade	Date of birth
6	4/2/2007-4/1/2008
10	4/2/2003-4/1/2004

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

Contact

Chiyoda International School Tokyo (CHIST) Admissions Office

Admissions Office open Monday to Friday

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

Email : 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 Admissions 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		4. Other
			✓	When it will be submitted	
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 Admissions 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____ Other____
month day year

*Current Grade _____ *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. 9 April 2018) _____

Home Address—Student

*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

*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

Please attach extra pages, if necessary.

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 _____

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 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? Yes/No
 If yes, please explain.

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

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 _____

What language(s) are spoken to your child?

*By parents/guardians _____ By brothers/sisters _____

*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

1 st language	Basic	Developing	Fluent	2 nd language	Basic	Developing	Fluent	3 rd language	Basic	Developing	Fluent
Listening				Listening				Listening			
Speaking				Speaking				Speaking			
Reading				Reading				Reading			
Writing				Writing				Writing			

Supplementary Information

<<For student>> To be completed by a student. Please attach extra pages if required.

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

2. *What are your strengths?

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

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

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

<<For parent/guardian>> To be completed by parent/guardian.

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

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

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

9. 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

Signature of applying student

Date

*CHIST:

Student Health Form

Student Information

Student's Name _____
 (Passport name) (Family) (First) (Middle)

Date of Birth ____/____/____ Male ____ Female ____ Current Grade ____
month day year

Emergency Contact Information

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

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).

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

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

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.

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:

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.

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?

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

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

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.