

Zoo-phonics Academy Kichijoji

Application to Preschool, starting from (month) _____ (year) _____.

General Information

Applicant Information

Male
Female

First Name 名前	Middle Name	Family Name 苗字
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Age/Date of Birth (MM/DD/YY)	Nationality
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Home Address	Postal Code	Country
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Home Telephone	Home Fax
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Email Address	Mobile
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Family Information

Father's Name	Age	Nationality
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Mother's Name	Age	Nationality
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Family Language(s)	Student's Native/First Language _____	Other(s) _____
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Mother's Native/First Language _____	Other(s) _____
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Father's Native/First Language _____	Other(s) _____
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Academic Background Information

Schools Attended

School Name	Location	Grade Enrolled	Dates of Attendance
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School Name	Location	Grade Enrolled	Dates of Attendance
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Possible Medical Emergencies/Known Health Problems

(心身ともに関わる健康上の注意点: 特にない場合は「なし」と記入)
