



## APPLICATION FOR ADMISSION

# CHILDREN'S HOUSE MONTESSORI SCHOOL

3-1-23 Motoazabu, Minato-Ku, Tokyo 106-0046  
E-mail: info@childrenshouse.tokyo  
Tel: 03-6447-4750 Fax: 03-6447-4751

Application to:  Infant Program  Primary Program

Starting from: Month \_\_\_\_\_ Year \_\_\_\_\_



### Applicant Information

Male  
 Female

First Name	Middle Name	Family Name
Date of Birth (mm/dd/yyyy)	Birth Place (City and Country)	Nationality

### Family Information

#### Mother

First Name	Middle Name	Family Name
Home Address	Postal Code	Country
Home Telephone	Mobile	E-mail Address
Employer in Japan	Business Telephone	Occupation/Title

#### Father

First Name	Middle Name	Family Name
Home Address	Postal Code	Country
Home Telephone	Mobile	E-mail Address
Employer in Japan	Business Telephone	Occupation/Title

Applicant lives with:  Mother  Father  Guardian  Other

#### Family Language(s):

Applicant's Native/First Language _____	Other(s) _____
Mother's Native/First Language _____	Other(s) _____
Father's Native/First Language _____	Other(s) _____

**Sibling Information**

Name	Male/Female	Date of Birth	Current School

**Learning Information**

**Schools Attended**

*(Please list daycare, pre-school, and other programs your child has attended.)*

School Name	City, Country	Dates of Attendance

**Special Programs:**

*(Check if previously or presently participating in any programs or services listed below.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Behavior Management                | <input type="checkbox"/> Learning Support        |
| <input type="checkbox"/> ESL (English as a second language) | <input type="checkbox"/> Speech/Language Therapy |
| <input type="checkbox"/> Gifted                             | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Individual Counseling              | <input type="checkbox"/> None                    |

**Other Information**

Please explain why you seek admission to Children's House Montessori School.

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I certify that the information provided on this Application For Admission is complete and accurate. I authorize Children's House Montessori School to request further information from teachers, administrators, and counselors for verification.  
 この入学願書に記載をした情報に間違いが無いことを約束致します。また記載を行った内容に関して、Children's House Montessori School が直接教師、アドミニストレーターやカウンセラー等に連絡をとることに同意致します。

Parent/Guardian Signature

Date