Shimane International Center Academic Support Classroom

Student Registration Form

**Child’s Information**

|  |  |
| --- | --- |
| Name | (Alphabet or Kanji) |
| Pronunciation of Name | (Hiragana or Katakana) |
| Date of Birth |  　　　　　　　年　　　　　月　　　　　日 (yyyy.mm.dd) |
| Name of School& Year | (　　　　　　　　)Junior High School | (　　) Year  | / Graduated/ | Not attending Japanese junior high school |
| Address | 〒 |
| Telephone Number |  |
| Email Address |  |
| Arrival in Japan |  年 月 (yyyy.mm) |
| Length of Japanese Study |  |
| **Guardian’s Information** |
| Name |  |
| Telephone Number |  | Father・MotherOther（　　　　　　　） |
| Email Address |  | Father・MotherOther（　　　　　　　） |

I agree to the “Academic Support Classroom Participation Rules” and hereby allow my child to participate in Academic Support Classroom sessions.

Date of Application: 　　　　　　　年　　　　　月　　　　　日 (yyyy.mm.dd)

Signature of Parent/Guardian: