



Laurus International School of Science

Secondary School 中等部

Application for admission 入学願書

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| photo |
| 40mm×30mm |

1. Student Information

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|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|--------------------------|------------------|--------------------------|
| 1 | Name (English) | | | | | | | |
| | Name (Japanese) | | | | | | | |
| (Note: The above name will be used on all official documentation. ここに記入した名前を入学後全ての学校記録に使用します。) | | | | | | | | |
| 2 | Gender | <input type="checkbox"/> M | <input type="checkbox"/> F | 3 Nationality | | 4 Date of birth | | 5 Age |
| | 性別 | 男 | 女 | | | | | |
| 3 | Current Residential Address in Japan 日本の住所 | | | | | | | |
| | Postal code | | Tel | | *Effective from いつから() | | | |
| | Address | | | | | | Fax | |
| 4 | Please check <input checked="" type="checkbox"/> the grade you are applying for. 入学を希望する学年に印を付けてください。 | | | | | | | |
| | Lower Secondary | <input type="checkbox"/> | Year 7 (Grade 6) | <input type="checkbox"/> | Year 8 (Grade 7) | <input type="checkbox"/> | Year 9 (Grade 8) | <input type="checkbox"/> |
| 5 | Proposed Enrolment Date 入学希望時期 | | Year () <input type="checkbox"/> September <input type="checkbox"/> April <input type="checkbox"/> other その他() | | | | | |

2. Parent or Guardian Information

| | | | | | | | |
|------------------|---------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|---------------|----------------|----|--|
| 1 | Parent / Guardian's details 保護者 | | <input type="checkbox"/> Father 父 <input type="checkbox"/> Stepfather 義父 <input type="checkbox"/> Guardian 後見人 | | | | |
| | Name (English) | | (Family name 姓) | | (Given name 名) | | |
| | Name (Japanese) | | フリガナ | | | | |
| | Nationality at birth 出生時の国籍 | | | Language/s 言語 | | | |
| | E-mail | | | Tel(mobile) | | | |
| | Occupation ご職業 | | | Tel(work) | | | |
| Company name 会社名 | | | Company address 勤務地 | | | | |
| 2 | Parent / Guardian's details 保護者 | | <input type="checkbox"/> Mother 母 <input type="checkbox"/> Stepmother 義母 <input type="checkbox"/> Guardian 後見人 | | | | |
| | Name (English) | | (Family name 姓) | | (Given name 名) | | |
| | Name (Japanese) | | フリガナ | | | | |
| | Nationality at birth 出生時の国籍 | | | Language/s 言語 | | | |
| | E-mail | | | Tel(mobile) | | | |
| | Occupation ご職業 | | | Tel(work) | | | |
| Company name 会社名 | | | Company address 勤務地 | | | | |
| 3 | Siblings/兄弟姉妹 | Name/名前 | DOB/生年月日 | School/学校 | | | |
| | | | | | | | |
| | | | | | | | |
| 4 | Emergency contact 1 | 緊急連絡先電話 1 | | | Relation | 関係 | |
| | Emergency contact 2 | 緊急連絡先電話 2 | | | Relation | 関係 | |
| | Emergency contact 3 | 緊急連絡先電話 3 | | | Relation | 関係 | |

3. Educational History

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|-----------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|-------------|----------------------|-------------|------------------------------------|-----------------|
| Please list all schools attended (most recent school first). これまでに通った学校名を全て記入してください。(現在に近い順から書いてください。) | | | | | | | |
| 1 | Name of school 学校名 | Start date 入学年月日 | Grade 学年 | Finish date 退学年月日 | Grade 学年 | Language of instruction 指導/学習言語 | Location 所在地 |
| | e.g. Laurus International School of Science | Mar 1, 2004 | 1 | Jun 28, 2006 | 2 | English | Japan |
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4. Language Information

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|---------------------------|----------------------------------------------------------|-----------|---------------------------|--------------------------|----------------------------------------------------------|-----------|--------------------------|--------------------------|--------------------------|
| Please list the languages (up to three) spoken by the applicant, in order of proficiency. 1 お子さんが話す言語(三言語まで)を得意な順にお書き下さい。 | | | | | | | | | | | | |
| First 第一言語 | | | Second 第二言語 | | | Third 第三言語 | | | | | | |
| 2 Are these languages spoken at home? If yes, what percentage(%) of the time? Who uses them at home? 家庭ではこれらの言語を使用しますか? Yesの場合、どの位の割合(%)話しますか? 誰が話しますか? | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Percentage of time 割合 (%) | | | Percentage of time 割合 (%) | | | Percentage of time 割合 (%) | | | | | | |
| Who? | | | Who? | | | Who? | | | | | | |
| 3 For each language, please estimate your child's competency in each of the four skill areas indicated. 上記の各言語の分野別にお子さんのレベルをお知らせください。 | | | | | | | | | | | | |
| 3 | | Beginning | Developing | Fluent | | Beginning | Developing | Fluent | | Beginning | Developing | Fluent |
| | Listening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Listening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Listening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Has your child studied these languages in a school setting? If yes, for how long? これらの言語を学習していましたか? Yesの場合、何年位学習していましたか? | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| How long? 何年位? | | | How long? 何年位? | | | How long? 何年位? | | | | | | |
| 5 Has your child passed an Eiken grade test? お子様の英検のレベルをお知らせください。 | | | | | | | | | | | | |
| <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade Pre-2 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade Pre-1 <input type="checkbox"/> Grade 1 <input type="checkbox"/> has not taken | | | | | | | | | | | | |
| 6 Please let us know if you have any other qualifications that show your level of English. その他、英語のレベルがわかる資格があればお知らせください。 | | | | | | | | | | | | |
| Name of the test () | | | | | | Test results () | | | | | | |

5.Special Circumstances

Please check "Yes" or "No" for each of the following questions.

下記 全質問 について、yes または no で回答してください。

| | | | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------|
| | Has your child received or is he/she currently receiving any of the following? 下記のサポートを過去に受けたことがある。または、現在受けていますか？ | | |
| 1 | 1-1 | Individual behavior management support | 品行/行動上の問題についてのサポート <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 1-2 | Speech/Language therapy | 言語治療 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 1-3 | Occupational therapy | 運動機能治療 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 1-4 | Individual / Family counseling | 個人又は家族でのカウンセリング療法 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 1-5 | Gifted and talented services | 英才教育 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 1-6 | Special resource center support | 特別なサポートセンターの利用 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 1-7 | Special needs or learning support | スペシャルニーズまたは特別な学習サポート <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Has your child undergone or is he/she undergoing an educational assessment to identify learning needs or difficulties? 学習困難や学習サポートの必要性を調べるテストを受けたことがありますか？ <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3 | Are there any medical, physical or intellectual conditions, whether diagnosed or suspected, that may affect your child's life at school? お子さんは、学校生活に影響を及ぼす可能性のある医学的、身体的または知的条件があると診断された、または、疑われたことがありますか？ <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

6.Please describe your child's personality お子様の性格をお書きください

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| 1 | |
|---|--|

7.Motive and your appeal point 志望動機とあなたのアピールポイント

Please have your child completes the form in English お子様は英語でご記入ください

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8.Health Check

Please check all of the following questions and answer as applicable.

下記 質問について、すべて回答してください。

| | | | | | | | |
|---|------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|-----|----------------------------------------------------------------------------|----------------------------------------------------------|--|
| 1 | 1-1 | Chronic disease 持病 | | 1-2 | Are there any other previous disease/s that should be noted? 過去の特記すべき病気 | | |
| | 1-3 | Does your child have an allergy? アレルギーの有無 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1-4 | Name of Allergy アレルギー名 | | |
| | 1-5 | Has your child ever experienced an anaphylactic shock? アナフィラキシーショックの有無 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1-6 | Does your child use an EpiPen? エピペンの有無 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 1-7 | Does your child suffer from bus sickness? バス酔いの有無 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1-8 | Has your child ever experienced a fever seizure? 熱性痙攣の有無 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 1-9 | Symptom 症状 | | | | | |
| | 1-10 | Medicine(s) 薬の名前 | | | | | |
| | 1-11 | Treatment 対処法 | | | | | |
| | 2 | 2-1 | Name of your preferred hospital (for emergency) 緊急搬送先としてのかかりつけの病院名 | | 2-2 | Department/Doctor 診療科・担当医 | |
| | | 2-3 | Address 住所 | | 2-4 | Phone number 電話番号 | |
| | | Additional Information その他特記事項 | | | | | |

9. Religious Restrictions, Family Policy 宗教上又は家庭の方針による制限

| | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | |
| 2 | <p>If there is any other information you would like to give us about your family or your child, please write it below. その他にお子様やご家族に関して学校へ知らせておきたいことがおありの場合は、お書き下さい。</p> |

10. General Information

| | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <p>Does your child currently live in Japan? <input type="checkbox"/> Yes <input type="checkbox"/> No お子さんは現在日本に住んでいますか？</p> |
| | <p>1-1 If yes, for how long? Yesの場合、何年前から？</p> |
| | <p>1-2 If no, when will your child arrive? Noの場合、来日はいつですか？</p> |
| 2 | <p>How long do you intend to stay in Japan? 日本滞在予定年数</p> |
| 3 | <p>Does your child participate in After-School Activity? 習い事</p> |

Declaration 確認

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| <p>I certify that the information provided in this form is complete and accurate. 上記に記載されている内容は正確であり記入漏れがないことを誓います。</p> | |
| <p>Signature of parent or guardian 保護者署名</p> | <p>Date 日付</p> |

| | | | |
|----------------------------------|----------------------------------------|--------------------------------------|-----------------------------------|
| <p>Received by: Date / /</p> | <p>Database input by: Date / /</p> | <p>Application fee: Date / /</p> | <p>Enrolment fee Date / /</p> |
|----------------------------------|----------------------------------------|--------------------------------------|-----------------------------------|