



Sachi International School, Japan

Developing a Pure and Natural Mind

JAPAN, Kanagawa-State, Atsugi-City,
Atsugi-Town 3-9, 2F Shimizu Building

(Branch Address: Sagami-hara-Shi, Minami-Ku, Sagami-Ono 1-5-9, 3F ASK Bld.)

(Elementary School Address: Atsugi-Shi, Sakae-Cho 1-2-1, 4F, Mitsuhashi Bld.)

www.sachi-int.com E-mail : info@sachi-int.com

Ph.No.046-404-2609

ADMISSION FORM FOR THE SCHOOL YEAR 20 - 20

CHILD'S NAME:			Recent Photograph Of Child
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	
DATE OF BIRTH:		NATIONALITY:	
(YEAR)	(MONTH)	(DATE)	

HOME ADDRESS IN JAPAN:		
HOME TEL :	MOBILE NO.:	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL

LANGUAGES SPOKEN AT HOME :		
SCHOOLING OR CHILDCARE EXPERIENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENTLY ENROLLED SCHOOL
TOILET TRAINED:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ONGOING	

MOTHER'S NAME :		FATHER'S NAME:	
NATIONALITY:		NATIONALITY:	
COMPANY:		COMPANY:	
BUSINESS ADDRESS:		BUSINESS ADDRESS:	
BUSINESS TEL:		BUSINESS TEL:	
MOBILE NO.:		MOBILE NO.:	
EMAIL:		EMAIL:	
SIBLING NAME :	AGE :	DAYCARE/SCHOOL (if going):	
SIBLING NAME :	AGE :	DAYCARE/SCHOOL(if going) :	

AUTHORIZED PERSON TO PICK UP CHILD:

NAME:		RELATIONSHIP:
HOME TEL :	WORK TEL:	MOBILE NO.:

EMERGENCY CONTACT DETAILS (SPECIFY SOMEONE OTHER THAN PARENTS)	
NAME :	
ADDRESS :	
HOME TEL:	MOBILE :
EMAIL ADDRESS :	
RELATIONSHIP TO PARENTS:	

The above-furnished details are true and accurate to the best of my knowledge

Signature of Mother/Guardian	Signature of Father/Guardian
Dated:	Dated:

NOTE: Original Application Form MUST be submitted and FAX will not be accepted

For office use only

Date of Interview	Accepted Date	Starting Date	Completed Registration	Registration Number