

Received: \_\_\_\_\_

Reference: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
 (Family) (First) (Middle)

**Japanese Name:** \_\_\_\_\_  
 (Kanji, Hiragana, Katakana if available)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Year / Month / Day)

**Nationality:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male / Female

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Parent / Guardian's Details:**

	Parent / Guardian	Parent / Guardian
<b>Name:</b>		
<b>Nationality:</b>		
<b>Language(s):</b>		
<b>Mobile / Home Telephone Number:</b>		
<b>E-mail:</b>		
<b>Employer:</b>		
<b>Position / Title:</b>		
<b>Business Address</b> <input type="checkbox"/> Please check here to have invoice sent directly to your company		
<b>Business Telephone Number:</b>		
<b>Business Fax Number:</b>		
<b>Business email address:</b>		

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When do you wish your child to start? \_\_\_\_\_

Please indicate which program you are interested in enrolling your child in below.

After School Classes	Class #1 / Day: _____
	Class #2 / Day: _____
	Class #3 / Day: _____
	Class #4 / Day: _____
	Class #5 / Day: _____

### Medical and Emergency Authorization

❁ Does your child have any special dietary requirements or allergies? **Yes / No**

If Yes, Please describe: \_\_\_\_\_

\_\_\_\_\_

❁ Any possible medical emergencies (asthma, epilepsy, febrile seizures or others)? **Yes / No**

If Yes, Please describe: \_\_\_\_\_

\_\_\_\_\_

❁ Are there other health concerns / physical limitation that the school needs to be aware of that may limit or affect regular school activities? **Yes / No**

If Yes, Please describe: \_\_\_\_\_

\_\_\_\_\_

### Medical Consent for Emergency Care: (applies to all school-sponsored programs)

I understand that my child may need emergency treatment during school hours or at school activities while he/she attends Ohana International School. I, hereby authorize the School, through its teachers and or school staff to administer first aid or other minor medical treatment as shall be deemed best under the circumstances.

I understand that the School will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if the School is unable to notify me, it will have my child treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the School may be shared with emergency medical personnel.

❁ Do you give consent to Ohana International School regarding Emergency care? **Yes / No**

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### Authorized Persons and Pick-up Authorization

I understand that the school will make every effort to communicate with the parents or designated emergency contact in the event of an emergency. However, if the parents cannot be contacted, I authorize Ohana International School to take any emergency measures necessary. I agree to be responsible for any expenses that may be incurred in such an event.

**Please provide the names and contact information of those (*other than yourselves*) who are authorized to pick up your child and whom we can contact in the event that both parents cannot be contacted in cases of emergency**

<b>(1) Name and contact information</b>	
<b>(2) Name and contact information</b>	

### Media Consent

School events, classroom activities and special programs are sometimes photographed or videotaped by school for documentation and marketing purposes. The videos and photographs may be used on our website ([www.schoolintokyo.com](http://www.schoolintokyo.com)), our blog, and newsletter and in print advertisements such as magazines (i.e. Tokyo Families Magazine) or event postcards.

- ❁ Do you give permission to the school to use your child(ren)'s photographs, video, audio recordings on the school's marketing materials, journals, blogs and social media page? **Yes / No**

### Tuition Policy

- ❁ Tuition and all other fees will not be refunded under any circumstances (*No tuition refunds will be given due to the possible difficulty in enrolling another child after the semester has begun*)
- ❁ Tuition fees may be paid in either one or two installments (Aug-Dec and Jan-June). Tuition fees must be paid by bank transfer or in cash for all regular class courses.

### Agreement

- ❁ I / We have decided to enroll our child at Ohana International School and agree with the school's admissions policy and all the authorizations required and stated on this form.
- ❁ I / We certify that all the information stated here are true and correct.
- ❁ I / We will arrange to have the tuition fees transferred to the schools account.

**Parent / Guardian's signature:** \_\_\_\_\_

**Parent / Guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_