



# YOKOHAMA CHRISTIAN SCHOOL

Please attach a recent photo

## APPLICATION

Application Date (M/D/Y): \_\_\_\_\_  
 Date of Enrollment (M/D/Y) \_\_\_\_\_ Anticipated Length of Stay: \_\_\_\_\_ (years)

**PRESCHOOL** (2 year olds - circle days) **PRESCHOOL:** (3 & 4 year olds - circle & days)  
 8:30AM-12:30PM (3-5 days/week) 8:30AM-2:30PM Regular (3-5 days/week) ( )  
 8:30AM-3:30PM Full day(3-5 days/week) ( )  
 M T W TH F (After School Care is available) M T W TH F (After School Care is available)

**ELEMENTARY CLASSES** Monday-Friday only 8:30AM-3:00PM (circle the appropriate one)

**Lower Elementary Class**    **Kindergarten**    **First Grade**    **Second Grade**  
**Upper Elementary Class**    **Third Grade**    **Fourth Grade**    **Fifth Grade**

## GENERAL INFORMATION

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_  
 Birthday (M/D/Y) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Country of Birth \_\_\_\_\_ Country of Passport: \_\_\_\_\_  
 Child's First Language \_\_\_\_\_ Other Language(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_ Postal Code 〒 \_\_\_\_\_ - \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Optional: What church do you attend? \_\_\_\_\_ How long have been a member? \_\_\_\_\_

## PARENTS & SIBLING INFORMATION

Father's Name		Mother's Name	
Nationality		Nationality	
Primary Language		Primary Language	
Secondary Language		Secondary Language	
Spoken English <i>Circle please</i>	Native Intermediate Beginning	Spoken English <i>Circle please</i>	Native Intermediate Beginning
Occupation		Occupation	
Company Name		Company Name	
Address		Address	
Cell Phone		Cell Phone	
e-mail Address		e-mail Address	

Sibling(s) Name	Gender	Birth Date	Grade	School

## STUDENT ACADEMIC INFORMATION (remember to include reports with application)

School Name	School Year	Entry Date (M/Y)	Exit Date (M/Y)	Grades attended	Instructional Language(s)

Office Use only    Inquiry:    Application & fee received:    Acceptance:  
 Interview date:    Start Date:    Withdrawal: