



Tokyo West International Elementary School

Summer School Application Form

Date of application: _____ Year 年 _____ Month 月 _____ Day 日

Please check the terms. 参加希望のタームにマークをつけてください。

- term 1-1 (July20-23) term 2-1(Aug. 2-6) term 3-2
 term 1-2 (July26-30) term 3-1(Aug. 16-20) (Aug. 23-26)

Name: (last) _____ (first) _____	Gender: _____ (circle one) male 男 female 女	Date of birth: _____ year 年: _____ month 月: ____ day 日: ____	Blood type: _____
Nationality: _____			

Address 住所: _____ _____	Current school name: _____ Grade: _____ Past English experience: _____
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Parent(s)/guardians(s) name: (last) _____ (first) _____	Parent(s)/guardians(s) name: (last) _____ (first) _____
Home/Mobile phone number(s): _____	Home/Mobile phone number(s): _____

Food: Favorite: _____ Least favorite: _____	Allergy アレルギー: (please circle) Yes No To what: _____
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Any health problems: (please circle) YES NO Problem: _____	Other information: _____
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<Emergency contacts>

Name: (last) _____ (first) _____	Phone number: _____
	(home)
	(mobile)
	(home)
	(mobile)
	(home)
	(mobile)

