Application for School Admission

Date of submission: Year _____ Month _____ Day _____

To the Superintendent of Kumagaya City Board of Education:

Name of Applicant _____ _____
(Name of Parent(s)) Signature (Stamp)

I would like to apply for admission to Kumagaya (Elementary / Junior High) School.

Record

CHILD・STUDENT	Japanese Name		Gender	Male・Female
	Full Name			
	Date of Birth	Year Month Day		
	Present Address	Kumagaya City		
	Nationality			
GUARDIAN	Japanese Name		Relationship	
	Full Name			
	Present Address	Kumagaya City		

*Note: Do not fill out this area. (for official use only)

Designated School	Kumagaya
REMARKS	・Reiwa: _____ School Year / Academic Year: _____ Grade: _____ ・ Japanese Level: ( ) ・Contact Line (phone number): – –