



INTERNATIONAL SCHOOL OF THE SACRED HEART

4-3-1 Hiroo, Shibuya-ku, Tokyo 150-0012 Japan

Tel: 03-3400-3951 Fax: 03-3400-3496

E-mail: info@iss.ac.jp Web: http://www.iss.ac.jp

Application Form – Junior School (Grade 1-4)

Attach Photo

Applicant's Name: _____
Family name First Middle

Current Grade: ____ Applying for Grade: ____ Date to Enter Sacred Heart: ____ / ____ / ____
yyyy mm dd

Date of Birth: ____ / ____ / ____ Place of Birth: _____
yyyy mm dd

Citizenship: _____ Religion: _____

English Ability: Fluent Limited Nil

First Language: _____ Language(s) spoken at home: _____

Home Address: _____
_____ Post Code: _____

Home Phone: _____ Anticipated Length of stay: _____

Mother's Name: _____ Father's Name: _____

Citizenship: _____ Citizenship: _____

Religion: _____ Religion: _____

Company Name: _____ Company Name: _____

Profession/Title: _____ Profession/Title: _____

Business Address in Japan: _____ Business Address in Japan: _____

Mobile Phone: _____ Mobile Phone: _____

E-mail: _____ E-mail: _____

Sibling(s): Name	Age	School	Gender
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

School History: Please record the schools that your daughter attended.

Grade	Date Enrolled – Date Left	Days per week	School Name	Country
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Support Services:

Parents must inform the school and provide documentation of any Support Service. This includes all copies of reports and recommendations from any educational, psychological, psychiatric, behavioral or medical support service, as well as updated school reports upon submission of the application form. If this information is not submitted, Sacred Heart reserves the right to withdraw any offers or placements in our program.

It is important to note that ongoing enrollment at Sacred Heart for students with Special Needs will be based upon the student's ability to function within the regular program and special services the school currently offers at the applicable grade level.

1. Has your child received any special services? YES NO

If yes, please check ALL of the appropriate programs or services below:

- ESL/EAL
- Speech/Language Therapy
- Remedial/Learning Support
- Behavioral Management
- Occupational Therapy
- Cognitive, Academic or Neuropsychological Assessment
- Psychological testing/counseling
- Other

2. Please give details: _____

Medical Information:

1. Does your child have any medication, food allergies or other allergies? YES NO

If so, describe: _____

2. Has your child had any accidents, illness or medical condition, which may affect her participation in a normal school day? YES NO

If so, describe: _____

3. Has medication been prescribed by any doctor/specialist to support your child's physical needs? YES NO

If so, describe: _____

4. Is there any information you would like to give us to enable us to provide the best care possible during her time at

Sacred Heart? _____

Language Options:

Grade 3 / 4 Applicants: Please choose one language. (ESL students do not choose a language)

French Japanese

I certify that the information given above is correct and all relevant information about the applicant has been provided. I authorize the International School of the Sacred Heart to request further information from teachers when necessary.

Sacred Heart provides a safe environment for all students and adheres to a strict Child Protection Policy which all families are required to follow.

Parent Signature

_____/_____/_____
Date yyyy mm dd