



**ST. MARY'S INTERNATIONAL SCHOOL**  
 1-6-19, Seta, Setagaya-ku Tokyo 158-8668 Japan  
 Tel. +81-3-3709-3411 Fax. +81-3-3707-1950

**1**

**APPLICATION FORM**

**ATTACH  
 APPLICANT'S  
 PHOTO HERE**

- Taken within 3 months  
 - Head and shoulders  
 - No background

**OFFICE USE ONLY**

Proposed Entrance Date	
Application Date	
Present Grade	
Entering Grade	<input type="checkbox"/> E
Entering Age	

**APPLICANT**

Applicant's name: Family		First	Middle
Place of birth: City	Country	Date of birth: mm/dd/yyyy	Age:
Nationality:		Religion:	
Spoken languages:			

**SCHOOL**

Last grade completed:	Present grade:	Entering grade in SMIS*:
Current/last attended school:		Years attended:
School address:		
Date of withdrawal:	Proposed entrance date to SMIS*:	
Previous school 1:	Years attended:	
Previous school 2:	Years attended:	

**CONTACT INFORMATION IN JAPAN**

Home address:		
Postal code:	Tel:	Fax:
Father's mobile:	Mother's mobile	

Number of other children:	at SMIS* (Grade )	at Seisen	at Sacred Heart
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**CONTACT INFORMATION PRIOR TO ARRIVAL IN JAPAN**

If you currently reside outside Japan, please fill out below:		
Date of arrival in Japan:		
Tel:	Fax:	Email:
Contact address:		

\* SMIS – St. Mary's International School

**Please Turn Over**

**PARENT/GUARDIAN**

Father's name: Family		First
Nationality:	Religion:	
Spoken languages:		
Profession/Firm/Organization:		
Position:	Tel:	Fax:
Business address:		
Postal code:	Email:	

Mother's name: Family		First
Nationality:	Religion:	
Spoken languages:		
Profession/Firm/Organization:		
Position:	Tel:	Fax:
Business address:		
Postal code:	Email:	

**ENDORSEMENT – RELEASE FORM**

I approve and endorse the registration of my son at St. Mary's International School.

If my son is admitted, I hereby guarantee the following:

- a. I make the payment of his school fees and other expenses without delay.
- b. I voluntarily waive any claims against the school, its administrators, and teachers.
- c. I recognize the right of the school to exclude, at any time, a student whose behavior or academic standing renders his presence undesirable in the school.
- d. I recognize the right of the school to retain in the same grade a student who is failing in his tests.
- e. In the event parents or other persons named on the Health Record Form (Form 8) cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

Father's signature: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

**IMPORTANT ADDITIONAL INFORMATION**

If your child has any psychological or learning difficulties or any physical handicaps, diagnosed or otherwise, please describe them on the Confidential Information Form (Form 2). Likewise please describe previous enrollment in any accelerated, remedial, or learning disabilities programs.

**DECLARATION**

I declare all the information given on and with this application form to be, to the best of my knowledge, the accurate description of the true circumstances of our son and our family.

Parent's signature \_\_\_\_\_

Date: mm/dd/yyyy \_\_\_\_\_

***PLEASE INCLUDE PREVIOUS SCHOOL RECORDS  
FOR AT LEAST THE PAST 2 YEARS***