



# TOKYO YMCA INTERNATIONAL SCHOOL

Mother's Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sibling's name	Male/Female	Age	Birthdates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant is living with: Mother Father Grandmother Grandfather Brother Sister(s)

## Language Background Information

Language spoken at home: \_\_\_\_\_

Father's spoken language: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Mother's spoken language: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Is English used in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child studied in an English-based school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where \_\_\_\_\_ From (year/age) \_\_\_\_\_ to (year/age) \_\_\_\_\_

Has your child had any (or additional) English? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_

How many hours per week? \_\_\_\_\_ From (year/age) \_\_\_\_\_ to (year/age) \_\_\_\_\_

Are you willing to provide additional support at home with your child's studies?

If English is not your child's first language, please estimate his/her level of competence compared to a child of the same age who speaks English:

English is first language English is second language Speaks minimal English

## Academic Background Information

Name of Previous School	Location	Date and Grade Enrolled	Grade Completed/ Date Withdrawn

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What hopes and expectations do you have for your child at the Tokyo YMCA International School?

How would you describe your child's strengths? Weaknesses?

Does your child have any special learning needs? Has your child ever been held back or skipped a grade?

Describe any previous participation in remedial or learning disability programs, and/or disciplinary or behavioral problems.

Where did you hear about Tokyo YMCA International School?

\_\_\_\_\_ / \_\_\_\_\_  
Parent's signature Date





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## TYIS Letter of Agreement

### General Issues

1. In signing this agreement, I certify that my child is healthy and free of problems that could adversely affect his/her studying, or that of other students at TYIS.
2. I grant permission for my child to participate in all planned school studies and activities. I hereby grant TYIS and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release TYIS from any liability in connection therein. I understand that prudent attempts will be made to contact the undersigned immediately in case of emergency. I understand that I will be responsible for payment of all medical bills issued to my child incurred as a result of an emergency.
3. I understand that my child must comply with the school's rules and standards of conduct, and that TYIS may terminate my child's participation in the school's programs if he/she does not maintain these standards.
4. I understand that TYIS is not responsible for lost, stolen, or damaged personal articles.
5. If I must withdraw my child from TYIS before the end of the school year, I agree to notify TYIS, in writing, of my child's last day of attendance. Furthermore, I agree to provide this notice at least two (2) weeks prior to the withdrawal date, otherwise handling fee of 50,000 yen will be charged.

### Payment of fees

1. Student placement at TYIS is reserved upon receipt of the entrance fee.
2. Annual tuition fees are due by the end of May of the preceding school year for the single payment..
3. Trimester tuition fees are due by the end of May (of the preceding school year), end of November, and end of February.
4. For those using the installment plan, an additional 3% of the total tuition will be added as an administration charge, and must be included with the first installment payment.
5. An invoice for the amount due will be sent via your child or the mail, and must be remitted using the bank transfer system. All transfer fees are the responsibility of the applicant's parents or guardians.
6. An additional late fee of 3% will be added to all unpaid tuition amounts not received within ten (10) days of the scheduled payment date. Past due tuition of more than thirty (30) days may result in the student being withdrawn from the program.  
**Withdrawal due to non-payment of tuition does not release an applicant from the foregoing tuition responsibilities.**
7. Installment payment: tuition for the first trimester is 40% of the total annual tuition., 30% for the second trimester, and 30% for the third trimester.
8. Parents of students who are already attending TYIS and who want to withdraw their child(ren) for an extended period (1 year or longer) but want to have a classroom slot guaranteed upon their return are required to pay 50% of the tuition and the building maintenance fee for the first trimester. If parents do not want a guaranteed slot upon their return to TYIS, they are required to pay the entrance fee upon re-admission to the school as with all new applicants

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## Refund Policies

1. No refund of the **Entrance Fee**.
2. Students who withdraw before the end of the academic year will be refunded the tuition and the building maintenance fee for the trimester they will not be attending. Withdrawal from school after a trimester has begun will necessitate full payment for that trimester.
3. As stated in the Letter of Agreement, should parents decide to withdraw their child, a minimum notice of 2 weeks must be provided, in writing, to the school. If 2 weeks written notice is not provided prior to withdrawal, parents will be charged a handling fee of 50,000 yen

## Parent Responsibilities

1. Kindergarten and grade one parents: I, as a parent, will be responsible for notifying the school about changes to pick up my child after school including someone other than myself.
2. I, as a parent, will be responsible for my child's actions after school hours.

## Photo Release Form

1. I hereby grant permission to the Tokyo YMCA International School (TYIS) to use my child's photograph on its website or in other official printed publications without further consideration, and I acknowledge the school's (or its representative) right to crop or alter the photograph at its discretion. I also acknowledge that TYIS may choose not to use my child's photo at this time, but may do so at its own discretion at a later date.
2. I also understand that once my child's image is posted on the TYIS website, the image can be downloaded by any computer user on or off campus. Therefore, I agree to hold harmless the following from any claims:
  - Tokyo YMCA and all members of its boards of directors
  - Tokyo YMCA International School
  - All employees of the Tokyo YMCA International School and Tokyo YMCA
3. I understand that TYIS reserves the right to discontinue use of photos without notice.

## Computer Use- Student Acceptable Use Statement

1. I will use TYIS computers, keyboards, digital camera, printers and scanner only with the permission of a TYIS staff member.
2. I will use the equipment carefully and avoid any change or damage to the computer system or its software. I agree that any damage resulting from misuse of the equipment is my responsibility.
3. I will respect the work and files of others and agree not to open, copy, move, change, delete or damage files and folders that are not mine.

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4. I will use TYIS Internet only with the supervision (in the computer lab) of an adult. While using the internet I will visit only those websites whose addresses have been given out by a TYIS staff member.
5. While on the Internet, if I come across anything inappropriate, I will click on the BACK button and notify an adult.
6. I will not download software programs or images without the permission of a TYIS staff member.
7. I will never give out personal information about myself or others (name, address, phone number, photo, name and location of school) over the Internet.
8. I agree not to use instant messaging (such as MSN Messenger or Yahoo Messenger or Skype) or chat rooms at school.
9. I will not subscribe to or signup for game sites or auctions, or anything that requires a subscription of any sort.
10. If I have my own e-mail account, I will use it responsibly in the following manner:
  - I will always identify myself as the sender of an e-mail message.
  - I will be kind and respectful of others and use appropriate language in my messages.
  - I will use my account to send only e-mail messages. I understand that no attachments are allowed.
  - I will not download and/or open attachments from messages I receive on this account at school.

*I have read and fully understand and agree to the above mentioned terms of the agreement for TYIS school year 2010/11..*

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

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Please return this portion to school.

*I have read and fully understand and agree to the above mentioned terms of the agreement for TYIS school year 2010/11.*

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

Grade 3 and above students are required to sign the computer use statement.

\_\_\_\_\_  
Student's signature \_\_\_\_\_  
Date

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## Health History

(To be completed by the parent or guardian)

Student's Name: \_\_\_\_\_ Male / Female  
First Middle Last

Date of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Month Day Year

<h3>Permission for Emergency Treatment</h3> <p>If I cannot be reached, TYIS personnel can seek emergency treatment for my child.</p>	
Parent Signature: _____	Date: _____
<h3>Emergency Contact in Japan</h3>	
Name: _____	Relationship: _____
Home Phone: _____	Cell phone: _____

## Medical History (To be completed by parents)

	Yes	No	Reaction (if any)
Asthma			
Diabetes			
Heart Disease			
Seizures			
Congenital Anomalies			
Serious Injuries / Accidents / Long term illness			
Any limitations?			
Major Surgery (Operations)			
Any limitations?			
Drug Allergies			
Food Allergies			
Other Allergies			
Other Health Concerns			

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## Immunizations Received

Please give all dates (To be completed by parent or guardian)

Immunization Name	Additional Information	Date
Diphtheria / Pertussis / Tetanus (DPT)	First Series	
Tetanus / Diphtheria (Td) or (TD) Booster		
Oral Polio		
Combined Measles / Mumps / Rubella (MMR)	1 <sup>st</sup> and 2 <sup>nd</sup>	
Rubeola (Red Measles)	Live Virus Vaccine	
Rubella	(3-Day or German Measles)	
Mumps		
Hepatitis A		
Hepatitis B		
BCG		
Other (List)		

Place a checkmark beside the following illnesses the child has had:

Measles  Chicken Pox  German Measles  Mumps  Hepatitis A  Hepatitis B  Hepatitis C

**Routine Medications:** (To be completed by parents)

Medication	Reason for taking	Dosage	Specific Times Taken/Day

## Dietary

Does not eat meat  Does not eat pork  Does not eat eggs  Does not eat poultry  
 Does not eat seafood  Does not eat dairy products  Other:

Name of Family Doctor in Japan (if you have one): \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Doctor's Office Address: \_\_\_\_\_

*Please attach a photocopy of parent's health insurance card; include both the front page, and the page showing the name of the child.*

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## Certificate of Physical Examination

For Participation in Sports and Activities; To be completed by a physician

Student Name \_\_\_\_\_ Examination Date: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Height: _____	Weight: _____	Blood Pressure: _____
	Normal	Abnormal
Skin		
Head/Scalp		
Eyes		
Vision (R/L)		
Ears (R/L)		
Nose/Throat		
Mouth/Teeth/Gums		
Chest/Lungs		
Heart		
Abdomen		
Musculo-skeletal		
Neurological		
Nutrition		
Other physical limitation/restriction, etc (please specify)		
Laboratory Results (Please specify)		

General comments:

On the basis of examination, I approve this child's participation in school sports for one year.

Yes  No

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_