



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 :

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Name of Previous School	Location	Date and Grade Enrolled	Grade Completed/ Date Withdrawn

Why did you choose TYiS?

How long do you plan to stay at TYiS?

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

What are your educational goals for your child?

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

Where did you hear about TYiS?

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Letter of Recommendation 推薦状

(To be completed by the applicant's current teacher) 出願者が現在通われている学校の先生により記入願います。

Student's Name: \_\_\_\_\_  
 生徒の名前                      First 名前                      Middle ミドルネーム                      Last 苗字

Current Grade: K / G1 / G2 / G3 / G4 / G5 / G6  
 現在の学年                      幼・保/小1/小2/小3/小4/小5/小6

As of : (MM/DD/YY) : \_\_\_\_\_  
 生徒の生年月日                      月                      日                      年

Name and title of person completing this form : \_\_\_\_\_  
 推薦状記入者のお名前

Name of School 学校名 : \_\_\_\_\_

Address of School 学校の住所 : \_\_\_\_\_

How long and in what capacity (ies) have you known the applicant? \_\_\_\_\_  
 どれくらいの期間、生徒のことを知っていますか？またどのような立場で生徒と関わっていますか？

Please evaluate the applicant in relation to his/her fellow students according the following criteria:下記の当てはまるところに をして下さい。

		Excellent 大変よい	Good よい	Average 平均	Poor もう少し
Academic Qualities	Attendance 出席率				
	Academic Potential 学習能力				
	Intellectual Curiosity 学習への関心				
	Study Habits 学習習慣				
	Independent Work Skills 自習能力				
	Ability to Communicate Ideas アイデアを伝える能力				
	Critical Thinking Skills 客観的に物事を解釈する思考				
	Class Participation クラスへの参加				
	Overall Assessment 学習面の全体的な 評価				
Personal Qualities	Honesty 正直さ				
	Emotional Stability 感情の安定度				
	Self-Confidence 自分自身への自信				
	Concern for Others 他人への思いやり				
	Maturity 成熟度				
	Personal Behavior 生活態度				
	Independence 独立性				
	Leadership リーダーシップ				
	Social Relations 他人との関係性				
Cooperative Work Skills 協力性					

## Letter of Recommendation (p. 2)

1. Please list some of the applicant's strengths and weaknesses.  
(Including gifted/remedial program and current reading grade level)  
この生徒の長所と短所を述べてください。
  
2. Do you have any concerns about the applicant's behavior at school? If so, please describe these concerns.  
学校で何か問題とされる行動や態度などがありますか？ありましたら記入をお願いします。
  
3. How would you evaluate the parent's level of support and cooperation?  
保護者の学校へのサポートや学校行事等への参加状況はいかがですか？
  
4. Overall, is the applicant academically focused and socially mature?  
全体的にこの生徒は、学習面において意欲的で社会面において成熟している生徒ですか？

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Teacher's Signature 教師のサイン

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Date: 日にち

*Please send this completed form directly to:*

*Tokyo YMCA International School, 2-2-20 Toyo, Koto-ku, Tokyo 135-0016*

*こちらの推薦状は、記入後、直接東京 YMCA インターナショナルスクールに郵送して下さい。*

*〒135-0016 東京都江東区東陽 2-2-20 東京 YMCA インターナショナルスクール 行*

## 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 agent 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 a 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 June (of the preceding school year), mid 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 527,500yen of the total annual tuition, 483,000 yen for the second trimester, and 483,000yen 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

## 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. Grade one parent: 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.

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 sign up 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 2012/13.*

\_\_\_\_\_

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 2012/13.*

\_\_\_\_\_

Parent's signature Date

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

\_\_\_\_\_

Student's signature Date

# 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

**Permission for Emergency Treatment**  
 If I cannot be reached, TYiS personnel can seek emergency treatment for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact in Japan**

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			

### 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.*

## 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: \_\_\_\_\_