

Application for Admission- 2025-2026 Kindergarten / Elementary

Date:/	/					
	Day					Photo
Proposed Date of Enrollmer			/ Day			(within 6 months)
Prospective Grade: K5 / G1 ,			Day	Year		
•						
General Inform	ation	Please Print o	or Type)			
Student's Name					Mala /Famala	
Student's Name:					Mate / Ferriate	
Name in Kanji (if applicable):			/ In (Katakana)		
Date of Birth:			Nationa	ality:		
Month Current Address:	•	Year		Zip Code:		
Address in Japan:					Zip Code:	
Doubling Control Dhama			F			
Daytime Contact Phone:			Fax:			
Family Information						
Father's Name:			Natior	nality:		
Father's Employer:						
Address:				Phone:		
Fathor's Collabono		Email				
Father's Cell phone:		==================================	•			
Mother's Name:				Nationality:		
Mother's Employer:						
Address:				Phone:		
						
Mother's Cell phone:		Emai	il:			





Sibling's Name E	Brother/Sister Age		Current School	
	 h: _Mother _Father		 _Grandfather _Brother(s) _Si	
Language(s) Backgrou	nd Information			
Language spoken at home	e: 1)	2)	3)	
Father's spoken language	(s): 1)	2)	3)	
Mother's spoken language	e(s): 1)	2)	3)	
Is English used in the hom	e? Yes N	lo		
Has your child studied in a	n English-based sch	ool? Yes N	0	
If yes, where?				
From (year/age)	to (year/age)			
Has your child had any (ot If yes, where?		ice? Yes No)	
How many hours per week Are you willing to provide Yes No		-	to (year/age) child's studies?	-
If English is not your child' English is first langua			er level of competence:Speaks minimal English	
Academic Background	l Information			
Name of Current Scho	al Local	ation	Date Enrolled/ Grade	Date Withdrawn

Name of Current School	Location	Date Enrolled/ Grade	Date Withdrawn Last Full Grade Completed
Name of Previous School	Location	Date Enrolled/ Grade	Date Withdrawn Last Full Grade Completed



Parent's signature	Month Day	Year
School Bus *This is a request form only and is not a guage of the school bus service?	arantee that the bus syst □Yes □ Round Trip □ One way	em will be made available for your child. □No □
Where did you hear about TYIS?		
Has your child ever been held back or skipped a gr	rade?	
Does your child have any special learning needs?		
What are your educational goals for your child?		
How would you describe your child's strengths? W	/eaknesses?	
How long do you plan to stay at TYIS?		
Why did you choose TYIS?		



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 Nam	ne:					
生徒の名前	First 名前	Mic	ddle ミドルネ	ニーム	Last 苗字	
Current Grade:	Pre / K5 / G1 / G2 / G3	/ G4 / G5 ,	/ G6 / G7 /	G8 / G9	/G10	
現在の学年	4歳/5歳/小1/小2/小3/	小4/小5/	小6/中1/四	中2/中3	/高1	
Date of Birth: (M	1M/DD/YY):				·	
生徒の生年月日		月	日	年		
Name of School	l 学校名:				Date:	
Address of Scho	ool 学校の住所:					記入日
Name and title	of person completing this fo	m:				
推薦状記入者の	お名前					
How long and ir	n what capacity (ies) have yo	u known the	e applicant?			
どれくらいの	期間、生徒のことを知ってい	ますか?また	こどのような	立場で生	徒と関わっている	きすか?
Please evaluate	the applicant in relation to I	nis/her fello	w students a	ccording	the following c	riteria:
下記の当てはま	スとこスに○をして下さい					

Excellent Good Poor Average 平均 もう少し 大変よい よい Attendance 出席率 Academic Potential 学習能力 Intellectual Curiosity Academic Qualities 学習意欲 Study Habits 学習習慣 Independent Work Skills 自習能力 Ability to Communicate Ideas アイディアを伝える能力 Critical Thinking Skills 客観的、批判的思考力 Class Participation クラスへの参加 Overall Assessment 学習面における総合評価 Honesty 正直さ Emotional Stability 感情の安定度 Self-Confidence 自分に対する自信 Concern for Others 他人への思いやり Personal Maturity 成熟度 Personal Behavior 生活態度 Independence 自立心 Leadership リーダーシップ Social Relations 社会性 Cooperative Work Skills 協調性



Letter of Recommendation

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はありますか?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どうですか?
4.	Overall, is the applicant academically focused and socially mature? 総合的に、この生徒は学習面において意欲的であり、社会性が発達している生徒ですか?
5.	Do you feel confident to recommend this student for a position at TYIS? この生徒を TYIS に自信を持って推薦しますか?
	eacher's Signature 教師のサイン 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 (1)

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 two (2) weeks prior to the withdrawal date.
- 6. I understand the health policies of the school and realize that ultimately TYIS is not responsible if a COVID-19 case or other health issue happens at school or with my child.

Parent Responsibilities

- 1. For K5 and Grade 1 (Term 1) parents: I will be responsible for notifying the school about changes to pick up my child after school, including by someone other than myself.
- 2. I will be responsible for my child's actions after school hours (all grade levels).

I have read and fully understand and agree to t year.	the above mentioned terms of the agreement for TYIS schoo
Parent's signature	 Date



TYIS Letter of Agreement (2)

Photo Release Policy

- 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.
- 4. I understand TYIS may utilize photos on social media platforms.

I have read and fully understand and agree to the a school year.	above mentioned terms of the agreement for TYIS
Parent's signature	 Date



TYIS Letter of Agreement (3)

Payment of Fees

- 1. Student enrollment at TYIS is verified upon completion of all admission procedures and receipt of
- 2. Annual tuition fees are due by the end of June of the preceding school year for the following year. Term tuition fees are due by the end of June (of the preceding school year), mid-October, and end
- 3. An invoice for the amount due will be sent via your child or by post, and must be remitted using the bank transfer system. All transfer fees are the responsibility of the applicant's parents or guardians.
- 4. 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.
- 5. Students on a long term leave of absence (a term or longer) but want to have a classroom slot guaranteed upon their return are required to pay 50% of the tuition, the maintenance fee, the ASK

fee and the administration fee during their leave of absence. If parents do not want to gua slot upon their return to TYIS, they are required to pay the entrance fee upon re-admission school as with all new applicants. 6. Which payment type do you prefer?						
	Payment Type: ☐ Annual/Single payment plan	☐ Termly/Installment (3 times) plan				
7.	. For the next several years, TYIS tuition fees will increase annually by approximately 8%.					
R	efund Policies					

- The Entrance Fee and the School Development Fee (First Time Fees) are non-refundable.
- Students who withdraw before the end of the academic year will be refunded as follows:
 - 1) Withdrawal date effective on the final day of the term: the tuition, the ASK fee, the maintenance fee and the bus fee will be refunded.
 - 2) Withdrawal date effective after a term has already begun, the tuition and the ASK fee for that term are non-refundable. The maintenance fee and the bus fee will be refunded at the prorated amount for the remainder of the term/school year.
 - If you have paid annually, but withdraw during the school year, the termly administration fee will be applied.

I have read and fully understand and agree to th	e above mentioned terms of the agreement for TYIS scho	ol
year.		
Parent's signature		



TYIS Letter of Agreement (4)

Computer Use

- 1. I will use TYIS computers, keyboards, digital cameras, printers and scanners 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 appropriately.
- 5. I will not download software programs or images without the permission of a TYIS staff member.
- 6. I will never give out personal information about myself or others (name, address, phone number, photo, name and location of school) over the Internet or social media.
- 7. I will not subscribe to or signup for game sites or auctions, or anything that requires a subscription of any sort.
- 8. 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 ''Computer Use '' for TYIS.				
Parent's signature	– ————————————————————————————————————			
Grade 3 and above are required to sign the computer use s	tatement.			
Student's signature	 Date			



Health History

Student's Name:					Male / Fer	nale
	First	Middle	Last			
Medical His	story (To be co	mnleted by n	arents)			
			1		1	
			Yes	No	Reaction (i	f any
Asthma						
Diabetes						
Heart Disease						
Seizures						
Congenital Anomali	es					
Serious Injuries / Ac	cidents /Long terr	n illness				
	Any limitatio	ons?		·		
Major Surgery (Ope	rations)					
	Any limitatio	ons?		•		
Drug Allergies						
Food Allergies						
Other Allergies						
Other Health Conce	rns					
					-	
Routine Medications	(To be completed	by parents)				
Medication	Doncon fo	or taking	Docago		Specific Times	\exists
Medication	Reason fo	or taking	Dosage		Taken/Day	
					, ,	
Dietary Place a check	mark basidas tha	following if ye	our shild have one)			
Does not eat meat						
Does not eat moult				00		
 Other:		_ _				



Immunizations Received

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

Immunization Name	Additional Information	Date
Diphtheria / Pertussis / Tetanus	First Series	
(DPT) Tetanus / Diphtheria (Td) or (TD) Booster		
Oral Polio		
Combined Measles / Mumps / Rubella (MMR)	1 st and 2 nd	
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:

MeaslesChicken PoxGerman MeaslesMumpsHepatitis AHepatitis BHepatitis C
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		
Musculoskeletal		
Neurological		
Nutrition		
Other physical limitation/restriction, etc (please specify		
Laboratory Results (Please specify)		
General comments: On the basis of examination, I approve the	nis child's participation in school sag	orts Vas No
Physician's signature:		165NO