

## STUDENT INFORMATION

Photo \* [顔写真]

First Name \* [名]

Last Name \* [姓]

First Name (Japanese) [名 (日本語)]

Last Name (Japanese) [姓 (日本語)]

Preferred Name (If Applicable)

## SUMMER SCHOOL PROGRAM DETAILS [プログラムの詳細]

<input type="checkbox"/> July 1st - July 5th [7月1日 ~ 7月5日]	<input type="checkbox"/> Morning Session [午前]
<input type="checkbox"/> July 8th - July 12th [7月8日 ~ 7月12日]	<input type="checkbox"/> Afternoon Session [午後]
<input type="checkbox"/> July 15th - July 19th [7月15日 ~ 7月19日]	<input type="checkbox"/> All Day [終日]
<input type="checkbox"/> July 22nd - July 26th [7月22日 ~ 7月26日]	
<input type="checkbox"/> July 29st - August 2nd [7月29日 ~ 8月2日]	
<input type="checkbox"/> August 5th - August 9th [8月5日 ~ 8月9日]	

## ACADEMIC BACKGROUND [学歴]

Has your child ever attended daycare, preschool, or an alternative form of academic programming? \*  
 お子様は保育施設や託児所、プレスクールまたはそれに類似する教育施設を利用した事がありますか

Yes [はい]     No [いいえ]

School Name \* [学校名]

Start Date [開始日]

End Date [終了日]

Grade Completed \* [修了学年]

Baby (18 months or less) [ベビー (18ヶ月以下)]

BE (2.5 years or less) [BE (2.5才以下)]

EE (3.5 years or less) [EE (3.5才以下)]

EX (5 years or less) [EX (5才以下)]

Kinder (6 years or less) [キンダー (6才以下)]

Primary (8 years or less) [プライマリ (8才以下)]

Previous School Language [前の学校での使用言語]

Japanese [日本語]

English [英語]

Other [その他]

School Location \* [学校所在地]

Minato-ku [港区]     Japan [日本]

Tokyo [東京]     Abroad [海外]

## PRIMARY GUARDIAN DETAILS [第一保護者様情報]

\*お子様と過ごす時間が一番長い方をお書き下さい。

Relationship \* [関係]

First Name \* [名]

Last Name \* [姓]

Primary Language \* [母国語]

Nationality \* [国籍]

English Knowledge \* [英語の知識]

Yes [はい]     No [いいえ]

Language of Notices \* [通知の言語]

English [英語]     Japanese [日本語]

Primary Email \* [Eメールアドレス]

Secondary Email [Eメールアドレス(上記以外であれば)]

Mobile Phone \* [携帯電話番号]

Home / Office Phone [自宅又は勤務先電話番号]

Home Address \* [現住所]

City, Prefecture \* [市、県]

Postal Code [郵便番号]

Office Address [勤務先住所]

## AUTHORIZED PERSONS [その他保育者がいる場合はお書き下さい]

Relationship \* [関係]

Mobile Phone \* [携帯電話番号]

First Name \* [名]

Last Name \* [姓]

## DEMOGRAPHICS OF THE STUDENT

Date of Birth \* [生年月日]

Age [姓 (日本語)]

Gender \* [性別]

Male [男性]     Female [女性]

Nationality \* [国籍]

Birth Place \* [出生地]

Date of Arrival in Japan [日本への入国日]

Usual Transportation to School \* [通学方法 (交通手段)]

Walk [徒歩]     Taxi [タクシー]

Bicycle [自転車]     Public Bus [公共バス]

Carpool [相乗り]     Subway [地下鉄]

Drive [自家用車]     Other [その他]

Distance to School \* [学校までの距離]

0 - 500 m

500 - 1,000 m

1,000 - 2,000 m

2,000 - 3,500 m

3,500 - 5,000 m

5,000 m

Primary (Native) Language [母国語 (ネイティブ言語)]

Secondary Language [第2言語]

Tertiary Language [第3言語]

English Level at Start \* [開始時の英語レベル]

Not Yet Verbal [まだ言葉が話せません]

None [全く話せません]

Beginner [初心者]

Conversational [日常会話レベル]

Advanced [上級]

Native [ネイティブ]

Main Language Spoken at Home \* [家庭での主要言語]

Japanese [日本語]

English [英語]

Other [その他]

Ethnicity \* [人種]

Does your child have any special religious needs? \* [お子様は何らかの宗教的儀式を必要としますか]

Yes [はい]     No [いいえ]

Specify Religious Needs [宗教的儀式が必要な場合はそれについて説明して下さい]

## SECONDARY GUARDIAN DETAILS (EMERGENCY) [第二保護者様情報]

\*緊急連絡先。

Relationship \* [関係]

First Name \* [名]

Last Name \* [姓]

Primary Language \* [母国語]

Nationality \* [国籍]

English Knowledge \* [英語の知識]

Yes [はい]     No [いいえ]

Language of Notices \* [通知の言語]

English [英語]     Japanese [日本語]

Primary Email \* [Eメールアドレス]

Secondary Email [Eメールアドレス(上記以外であれば)]

Mobile Phone \* [携帯電話番号]

Home / Office Phone [自宅又は勤務先電話番号]

Home Address \* [現住所]

City, Prefecture \* [市、県]

Postal Code [郵便番号]

Office Address [勤務先住所]

<http://manitobadesign.synology.me:50>

### MEDICAL CONDITION [健康状況]

Blood Group / Type [血液型]

Physical condition \* [身体的機能]

Asthma * [喘息]	ADD / ADHD * [ADD / ADHD]	Diabetes * [糖尿病]	Heart Disease * [心臓病]	Major Surgery * [大手術]
<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]
<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]

Seizures/ Convulsions * [発作]	Allergies Food Allergies * [アレルギー]	Psychological Condition * [精神疾患]	Other Condition Medication * [その他]
<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]
<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]

Does the student suffer from any of the following impairments?  
お子様は次の感覚に障害もしくは障害の疑いがありますか?

Hearing * [聴覚]	Vision * [視覚]	Speech * [言語]	Mobility * [動作]
<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]
<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]

### ASTHMA MEDICAL CONDITION DETAILS [喘息について]

Cough * [咳]	Difficulty Breathing * [呼吸困難]	Wheeze * [喘鳴]	Tight Chest * [気道狭窄]	Symptoms After Exertion * [運動後の喘息の兆候]
<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]	<input type="radio"/> Yes [有]
<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]	<input type="radio"/> No [無]

Has an Asthma Management Plan Been Provided to School? \*  
[喘息管理について学校側にご依頼されることはありますか?]

Yes [有]  No [無]

### RESTRICTIONS [制限事項]

Is the Student at Risk? \*  
[お子様に行動制限や法的及び行政処分等の制限事項がありますか?]

(If Yes) Why is at Risk?  
[どのような理由ですか?]

Yes [はい]  No [いいえ]

Is There Any Access Alert for the Student?  
[お子様に対する法的及び行政処分の対象事項はありますか?]

No [いいえ]

Court Order / Family Law Order  
[接見禁止処分などの裁判所による保全処分]

Other [その他]

### CHILD SURVEY [性格や趣向に関する質問]

Describe your child's special talents or needs that might help us care for them more effectively  
[得意な事や大好きな事をお知らせ下さい。]

Describe any personality traits or behavioral issues that you would like the school to be aware of  
[学校側が認識しておくべき特別な習慣や癖などありましたらお書き下さい。]

Notes (Is there anything else that you would like us to know about your child so that we can better meet his or her needs?)  
[その他、学校側にお知らせしたい事がありましたらお書き下さい。]

NONE REFUND POLICY  
TIK adopts a policy of no refunds, and that refunds are unavailable at any time for any reason.

### ALLERGIES & OTHER MEDICAL CONDITIONS [アレルギー & 他の病状]

Specify any other Medical Conditions \* [アレルギー等の発作の状況について]

If my Child Displays any of the Symptoms Above Please Inform... \*  
上記症状が現れた場合、次の連絡先へ速やかに連絡して下さい。

<input type="radio"/> No one [なし]	<input type="radio"/> Emergency Contact [緊急連絡先への連絡]
<input type="radio"/> Doctor [かかりつけ医師への連絡]	<input type="radio"/> Administer Medication [投薬]
	<input type="radio"/> Other [その他] <input type="text"/>

### MEDICATION [薬]

Does the Student Take Medication? \*  
[お子様は薬を服用していますか?]

Yes [はい]  No [いいえ]

(If Yes) Name of the Medication Taken  
[(はいの場合) 薬の名前]

Is the Medication Taken Regularly by the Student (Preventative) or in Response to Symptoms?  
[予防の為に服用又は頓服薬ですか?]

Preventive [予防]  Responsive [頓服]

Medication is Administered by \*  
[投薬責任者]

Student [児童本人]

Nurse [看護師]

Teacher [先生]

Other [その他]

Medication is Stored \*  
[薬の保管場所]

Fridge [冷蔵庫]

With Student [児童と]

With Nurse [看護師と]

Elsewhere [その他]

Reminder Required? \*  
[投薬指示の有無]

Yes [有]

No [無]

Usual Dosage \* [常用量]

Medication Others \* [薬について、その他特記事項]

Is There Any Activity Alert for the Student?  
[お子様に何らかの行動制限がありますか?]

Yes [はい]  No [いいえ]

(If Yes) Describe the Activity Restriction  
[(はいの場合) 制限内容をご説明ください]

### INTERNAL SCHOOL USE ONLY

Student ID

Program

F

Application Date

GD

GSCH