



TOKYO IQRA INTERNATIONAL SCHOOL

Admission form [page 1]

2014 – 2015

|              |  |
|--------------|--|
| Target Class |  |
|--------------|--|

Student's information

|                                 |  |                     |  |
|---------------------------------|--|---------------------|--|
| 1. Name (English)               |  |                     |  |
| 2. Name (Katakana)              |  |                     |  |
| 3. Nationality                  |  | 4. Gender           |  |
| 5. Date of birth                |  | 6. Birth place      |  |
| 7. Age                          |  | 8. Religion         |  |
| 9. Address                      |  |                     |  |
| 10. Native language             |  | 11. Spoken Language |  |
| 12. Current English proficiency |  |                     |  |

1st Parent/Guardian information

|                             |  |                       |  |
|-----------------------------|--|-----------------------|--|
| 13. Name                    |  |                       |  |
| 14. Relation with Student   |  | 15. Nationality       |  |
| 16. Spoken language         |  | 17. Email             |  |
| 18. Address                 |  |                       |  |
| 19. Phone no. (Home)        |  | 20. Mobile no.        |  |
| 21. Employer in Japan       |  | 22. Employer Phone no |  |
| 23. Office/Business address |  |                       |  |



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2<sup>nd</sup> Parent/Guardian information

|                             |  |                       |  |
|-----------------------------|--|-----------------------|--|
| 24. Name                    |  |                       |  |
| 25. Relation with Student   |  | 26. Nationality       |  |
| 27. Spoken language         |  | 28. Email             |  |
| 29. Address                 |  |                       |  |
| 30. Phone no. (Home)        |  | 31. Mobile no.        |  |
| 32. Employer in Japan       |  | 33. Employer Phone no |  |
| 34. Office/Business address |  |                       |  |

Sibling's information

|                             |                |  |               |  |
|-----------------------------|----------------|--|---------------|--|
| 35. 1 <sup>st</sup> Sibling | Name           |  | Gender        |  |
|                             | Current school |  | Date of birth |  |
| 36. 2 <sup>nd</sup> Sibling | Name           |  | Gender        |  |
|                             | Current school |  | Date of birth |  |
| 37. 3 <sup>rd</sup> Sibling | Name           |  | Gender        |  |
|                             | Current school |  | Date of birth |  |

Emergency contact

|                           |  |           |  |
|---------------------------|--|-----------|--|
| 38. Name                  |  |           |  |
| 39. Relation with student |  | 40. Phone |  |



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Student academic background

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| 41. Institute name |  | 42. Grade completed |  |
| 43. Study duration |  |                     |  |

Student medical checkup history

| 44. Disease Name   | 45. When detected | 46. Current status |
|--|-------------------|--------------------|
| 47. Asthma   |                   |                    |
| 48. Diabetes   |                   |                    |
| 49. Heart disease  |                   |                    |
| 50. Allergies  |                   |                    |
| 51. Seizures   |                   |                    |
| 52. Wisteria   |                   |                    |
| 53. Other disease  |                   |                    |
| 54. If your child in on any medication let us know details:                            |                   |                    |
|  |                   |                    |
| 55. Let us know any particular traits of your child that the school should be aware of |                   |                    |
|  |                   |                    |

Signature of the parent completing this form:

Date

Signature