

Application for School Admission

Date of submission: Year _____ Month _____ Day _____

To the Superintendent of Kumagaya City Board of Education:

Name of Applicant _____
(Name of Parent(s))

Signature (Stamp)

I would like to apply for admission to Kumagaya (Elementary / Junior High) School.

Record

C H I L D · S T U D E N T	Japanese Name		Gender	Male · Female
	Full Name			
	Date of Birth	Showa · Heisei	Year	Month Day
	Present Address	Kumagaya City		
	Nationality			
G U A R D I A N	Japanese Name		Relationship	
	Full Name			
	Present Address	Kumagaya City		

*Note: Do not fill out this area. (for official use only)

Designated School	Kumagaya		
R E M A R K S	· Reiwa: _____ School Year / Academic Year: _____ Grade: _____		
	· Japanese Level: ()		
	· Contact Line (phone number): — —		