



HORIZON JAPAN INTERNATIONAL SCHOOL

Student Application Form

STUDENT'S
PHOTOGRAPH

Date of Application	yyyy.mm.dd	
Preferred Enrolment Date	yyyy.mm.dd	

Personal Information			
Student's Name First-Middle-Last	Date of Birth yyyy.mm.dd	Nationality Please enter all if multiple	Gender Male/Female
Previous School State the last school your child attended	Current Grade	Languages Spoken	

Family Information		
Guardian's Name First-Middle-Last	Relationship Guardian's Relationship with the Student	Location State the name of the town you live in Japan

Health Information	
Special Assistance Does your child need any special assistance?	Medications Does your child take any medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Character
Describe your child's character and aspects that may need encouragement, support or consideration

Well-Being
Does your child have any behavioral/emotional concerns that affect his/her well-being? Please explain.

STUDENT APPLICATION FORM

Main Campus
Primary/Middle School
1-38-27 Higashi Terao Tsurumi-ku 230-0077 Yokohama/JAPAN
Tel: +81-(0)45-584-1945 • Fax: +81-(0)45-584-1946
hjs@horizon.ac.jp



Early Learning Centre
Preschool/Kindergarten
1-33-6 Higashi Terao Tsurumi-ku 230-0077 Yokohama/JAPAN
Tel: +81-(0)45-584-1948 • Fax: +81-(0)45-584-1947
elc@horizon.ac.jp

Student Details

Home Address <small>Print the address in Japan</small>	Home Tel	Home Fax
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Previous Schools <small>List the names of your child's previous schools starting from the most recent one.</small>	Location	Grades Attended

Student's Language

Skills	English					Japanese					Other: _____					Other: _____				
	0: None ⇄ 4: Above Grade Level					0: None ⇄ 4: Above Grade Level					0: None ⇄ 4: Above Grade Level					0: None ⇄ 4: Above Grade Level				
Listening	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Speaking	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Reading	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Writing	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

Siblings

Name	Gender	Date of Birth	School	Grade

Country Related

How long has your child lived in Japan?	Do you have plans to move to another country?	When?	Where?

Parent/Guardian Details

Father's Name	Mother's Name	Name (Other Guardian)
Mobile Phone	Mobile Phone	Mobile Phone
Email	Email	Email
Company	Company	Company
Work Title	Work Title	Work Title
Business Address	Business Address	Business Address
Business Phone	Business Phone	Business Phone
Nationality	Nationality	Nationality
Languages	Languages	Languages

Questionnaire
Please state your objectives for sending your child to HJIS.
Please state your expectations from HJIS.
What kind of person do you want your child to be in the future?
List your child's hobbies, interests, and talents
Is there any other information you would like to give us about your child?
Do you want to utilize the school bus if it is available in your vicinity?

Application Checklist		
Items	Complete?	For Office Use
Complete the application form	<input type="checkbox"/>	
Attach the bank receipt of the non-refundable application fee of ¥20,000	<input type="checkbox"/>	
Submit previous school records, i.e. report cards, teacher comments, student portfolios, and the like (if available)	<input type="checkbox"/>	
Submit a copy of the student's ID (passport or birth certificate)	<input type="checkbox"/>	

Guardian's Name	Date yyyy.mm.dd	Guardian's Signature
I _____ hereby certify that I am authorized to make this application and that all information stated is true and accurate.		