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| isi2 | **2024 Application For Admission** |
| **ISI Japanese Language School Education Center***8-15-1 Nishi-Shinjuku, Shinjuku-ku, Tokyo 160-0023　Japan**TEL : +81-3-5962-0405 　FAX : +81-3-5937-0477　 E-mail:info@isi-global.com URL: www.isi-education.com* |

Note: All sections on this form must be completed. Please type/print clearly and check 🗹 boxes where appropriate.

**I would like to apply for the Short-Term Japanese Language Course.**

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| **APPLICANT’S INFORMATION**Photograph\*Please send your portrait photo in digital format. |
| Family Name:As shown on your passport**:** |  | First (Middle) Name:As shown on your passport**:** |  |  |
| Full Address: |    | Postal code: |
| Tel: |
| E-mail: |  | Date of Birth: | YYYY/ MM/ DD/ |  |
| Sex: | [ ]  Male [ ]  Female | Nationality: |  |
| Passport No.: |  | Valid Until: | YYYY/ MM/ DD/  |
| Occupation: |  | Company or School Name: |  |
| Visa Status: | [ ]  Temporary Visitor　　[ ]  Working Holiday　　[ ]  Working　　[ ]  Dependent　　[ ]  Other（　　　　　　　　 　） |
| Emergency Contact: | Name: | Tel: | Relationship: | Country: |
| **JAPANESE ABILITY** |
| Have you studied Japanese before? | [ ]  Yes　 🡪　 (How long? 　 Year 　　 Months) | [ ]  No |
| Have you passed the JLPT? | [ ]  Yes,　 (JLPT　N )　　　　　　　　 [ ]  No |
| **SCHOOL & COURSE** |
| School:(Course) | [ ]  Tokyo-Takadanobaba（General Japanese）[ ]  Tokyo-Ikebukuro（General Japanese）　[ ]  Tokyo- Shibuya（General Japanese）　　　　[ ]  Osaka（General Japanese）　　　　　　　 　[ ]  Kyoto（General Japanese）　　　　　 　　[ ]  Nagano（General Japanese）[ ]  Tokyo-Shibuya (Career Japanese) with \*1 Support Program for Working Holiday Visa (WH) holder （[ ] 　YES）[ ]  Tokyo-Harajuku (Career Japanese) with \*1 Support Program for Working Holiday Visa (WH) holder　（[ ] 　YES）[ ]  Tokyo-Harajuku (Evening Course) with \*2 Support Program for WH holder　（☐　YES） |
| Course Starting Date： | YYYY/ MM/ DD/  | Finishing Date | YYYY/ MM/ DD/  | Course Length: |  | weeks |
| Classroom style: | [ ]  Face to face　　　[ ]  Online（Evening Course Only） |
| The information below only applies to students who come to Japan on the working holiday visa or mid- to long-term residents that study for 20 weeks or more: \*1 Career Japanese students are entitled to free job placement support from a career advisor. \*2 Evening Course students are entitled to part time job placement support and can attend company information sessions.**ACCOMMODATION & AIRPORT PICK-UP** |
| Do you need accommodation arrangement? | [ ]  | Yes | [ ]  | No |
| ---If YES, where do you want to stay? | [ ]  | Weekly Apartment ([ ]  single [ ]  twin) | [ ]  | Student House ([ ]  single[ ]  twin [ ]  triple) |
| [ ]  | Guest House ([ ]  single [ ]  twin) | [ ]  | Homestay |
| --- If NO, where are you staying? | [ ] Hotel　　　　　　[ ] Friend’s house　　　　　　[ ] Other (　　　　　　　　　　　　　　　) |
| ---If YES, Move-in (Check-in) date**:** YYYY/ MM/ DD/  | Move-out (Check-out) date**:**  YYYY/ MM/ DD/  |
| Arrival Airport: | [ ] 　Narita (NRT) 　　　　　　　[ ]  　Haneda (HND)　　　　　　 [ ]  　Kansai Int’l (KIX) |
| Flight number (if already booked)**:** | Arrival**:** Date**:**  YYYY/ MM/ DD/ Time: \_\_:\_\_ |
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|  | **Destination** | **Pick up method**  | **One-way fee**  |
| [ ]  | (Tokyo) Student House | Shared car | JPY 20,000\*On the designated move in date and time : JPY 8,000 |
| [ ]  | (Tokyo) Weekly apartment / Guest house | Taxi | JPY 31,000  |
| [ ]  | (Tokyo) Homestay | Car | JPY 32,000  |
| [ ]  | (Osaka) Weekly apartment / Guest house | Taxi | JPY 31,000  |
| [ ]  | (Osaka / Kyoto) Homestay | Car | JPY 33,900 |
| [ ]  | (Kyoto) School / Student House  | Shared　taxi  | JPY 30,000\*On the designated move in date and time : JPY 11,000 |
| [ ]  | (Nagano) School / Student House  | Shared taxi | From JPY 33,000 |

Do you need airport pick-up?[ ] No [ ] YesOne-way **(pick one→)** |
| **ENTRY TO JAPAN**  |
| Have you ever been denied entry into Japan?  | [ ]  | Yes 🡪 (Reason: ) | [ ]  | No |

 \* Please also fill in the next page "Declaration on Health Status".

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| isi2 | **Declaration on Health Status** |
| **ISI Japanese Language School Education Center***12F Sumitomo Fudosan Shinjuku Grand Tower, 8-17-1 Nishi-Shinjuku, Shinjuku-ku, Tokyo 160-6112　Japan**TEL : +81-3-5962-0405 　FAX : +81-3-5937-0477　 E-mail:info@isi-global.com URL: www.isi-education.com* |

Please use this declaration form to provide information regarding your current health status.

To lead healthy lives for all students, it is important for faculty members to be aware of your health condition. Please fill in the following sections in detail.

Please acknowledge that we do not provide medical practice or dispense medication at school. This declaration will be kept confidential.

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| 1. How is your current health condition?

Please select from the following options. 　 | [ ]  Very good [ ]  Normal [ ]  Not good　 　　[ ]  Bad |
| 1. Are you currently undergoing treatment for any health issues?
 | [ ]  No[ ]  Yes | From YYYY/ MM/ 　 Name of disease（　　　　　　　　　　　　　　　 　 　） |
| 1. Are you currently taking any medications? \*Includes over-the-counter medications
 | [ ]  No[ ]  Yes | Time of prescription　　　YYYY/ MM/ Medicine：[ ] 　Tranquilizer　[ ] 　Sleeping tablets[ ]  Antiepileptic drugs 　　　[ ]  Asthma medications [ ]  Others:（　　 　　 　 　） |
| 1. Have you had any surgeries or been hospitalized in the past five years?
 | [ ]  No[ ]  Yes | Time in hospital　　 　YYYY/ MM/ 　Reason（　　　　　　　　　　　　　　　　　　　　　　　　 　　） |
| 1. Do you have a past history of diseases or any chronic diseases?

If so, please select from the following options, and fill out the checked sections in detail. |
| 1. Tuberculosis infection
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | Current status[ ] 　Recovered　　　　　[ ] 　Taking medicine |
| 1. Mental disorder
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | [ ]  Depression [ ]  Anxiety [ ]  Panic disorder [ ]  Insomnia [ ]  Attention deficit hyperactivity disorder（ADHD) [ ]  Other ( ) |
| 1. Allergies

including asthma  | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | [ ]  Food [ ] Medicine [ ]  Chemical products[ ]  Other（　　　　　　　　　　 　　　　 　　　　　　 ） |
| 1. Malaria, or other　infectious diseases
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | Name： |
| 1. Diabetes
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | Current situation[ ] 　Taking medication　　[ ] 　 Insulin self-injection. |
| 1. Epileptic or convulsive seizures
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  |  |
| 1. Other
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | Current Status [ ]  Recovered [ ]  Taking medicine |
| 1. Do you have any vaccination history?
 | [ ]  BCG [ ]  M.M.R. [ ]  Polio [ ]  Measles [ ]  Rubella [ ]  Diphtheria　　[ ]  Tetanus [ ]  Meningitis　 [ ]  Other（　　　 　　　　　　 ） |
| 1. Special needs for dietary treatment or diet restriction
 | [ ]  No [ ]  Yes | From　 　YYYY/ MM/ Details （　　　　　　　　　　　　　　 　　　 ）　Reason（　　　　　　　　　　　　　　 　　 ）　 |
| 1. Please, write any other information regarding your health condition that the school should know in advance.
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**I declare that the above is true and correct and that I have understood the school’s refund and cancellation policy.**

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| **Applicant’s signature:** |  |  | **Date:** | **YYYY/ MM/ DD/**  |