



STUDENT ENROLLMENT FORM

Student Information

Initial Class: _____ ID: _____

Name of Student: _____ Age: _____ Years DOB: MM____ / DD____ / YY____

Likes to be called: _____ Male Female

Nationality: _____

Languages Spoken: _____

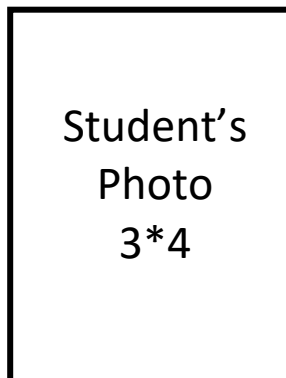
Address: _____

Name and Age of Siblings at GSMIS: _____

Primary Caregiver's Name: _____

Primary caregiver's relationship to the students: _____

Can the primary caregiver speak/read/write English? Yes No



Family Information

Name of the Father: _____ Nationality: _____ Occupation: _____

Phone: _____ Cell: _____ Email: _____

Address (If different from student): _____

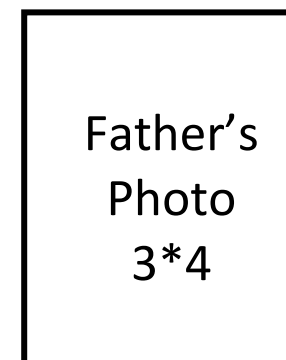
Language Spoken: _____

Name of the Mother: _____ Nationality _____ Occupation: _____

Phone: _____ Cell: _____ Email: _____

Address (If different from student): _____

Languages Spoken: _____



Emergency Contact Information:

In case of emergency, parents/guardians will be contacted first. Please appoint a contact person to act/decide on behalf of parents/guardians if they cannot be reached:

Name of Contact Person Appointed

Relationship to Applicant

Telephone No.

Name of Contact Person Appointed

Relationship to Applicant

Telephone No.

Medical Information:

Please indicate which vaccinations your child has had, and provide a copy of your child's vaccination schedule. Please note that in the cases of an outbreak GSMIS reserves the right to send home students that are not vaccinated.

TA/DPT(DT)HIB (Diphtheria, Tetanus, Pertussis/Whooping Cough, Meningitis)

OPV/Sabin (Oral Polio Vaccine)

DTP (Diphtheria, Tetanus, Polio)

Measles Only

MMR

No Vaccinations. OR

I have lost my child's vaccinations schedule

Please fill out Vaccination Form and attach with enrolment.

Please indicate if your child has any of the following health problems. Please give details on a separate piece of paper.

Allergies

Asthma

Ear Infections

Eyesight problems

Skin/Dermatological Problem

Others

Is your child on Medication(s)?

Yes

No

If yes, give details. _____

For fever, headaches, or pain, please indicate whether GSMIS may administer the following:

Doliprane / Paracetamol

No Medication

Family Doctor / Medical Preferences

Please indicate below your preferred option for medical care for your child should we be unable to contact you or your nominated emergency contacts. Please note that we will always do our best to contact you in the event of any medical problems at school. This information is for use only in an emergency when we cannot contact you or your emergency contacts.

Vaccination Records

Type of Vaccine	Date	Date
Influenza type B (Hib)	1 st : YY ____ MM ____ DD ____ 2 nd : YY ____ MM ____ DD ____	3 rd : YY ____ MM ____ DD ____ Others:
Pediatric Pneumococcus	1 st : YY ____ MM ____ DD ____ 2 nd : YY ____ MM ____ DD ____	3 rd : YY ____ MM ____ DD ____ Others:
Diphtheria, pertussis, tetanus, polio (4 types mixed)	1 st : YY ____ MM ____ DD ____ 2 nd : YY ____ MM ____ DD ____	3 rd : YY ____ MM ____ DD ____
BCG	YY ____ MM ____ DD ____	
Measles/Rubella (MR)	YY ____ MM ____ DD ____	
Japanese encephalitis	1 st : YY ____ MM ____ DD ____ 2 nd : YY ____ MM ____ DD ____	Others:
Chickenpox	1 st : YY ____ MM ____ DD ____ 2 nd : YY ____ MM ____ DD ____	Others:
Mumps	1 st : YY ____ MM ____ DD ____ 2 nd : YY ____ MM ____ DD ____	Others:
Hepatitis B	1 st : YY ____ MM ____ DD ____ 2 nd : YY ____ MM ____ DD ____	3 rd : YY ____ MM ____ DD ____
Influenza	1 st : YY ____ MM ____ DD ____ 2 nd : YY ____ MM ____ DD ____	3 rd : YY ____ MM ____ DD ____ 4 th : YY ____ MM ____ DD ____
Rotavirus	YY ____ MM ____ DD ____	YY ____ MM ____ DD ____

International Standard Medical Care

(Write the hospital around the city)

Or - Preferred Family Doctor

Doctor's Name: _____ Patient ID Number: _____

Clinic / Hospital Name & Address:

Contact Number/s _____ / _____

Educational History:

This is my child's first school. OR Complete details below

Name/Address of School	Year(s) Attended	Grade Level	Age	Type of school	Language of Instruction

Has your child received support or had any prior difficulty in the following areas -

Reading Mathematics Language Behavior Development Other

Has your child ever been expelled, suspended, or asked to leave /change school for any reason?

Yes No

If Yes to any of the above, please attach details. _____

Please explain why you are changing school.

Please add a separate sheet of paper if necessary. Non-declaration or misrepresentation of known areas of difficulty is grounds to revoke a student's enrolment at GSMIS School.

Photography

Please note that GSMIS reserves the right to use image of your child for the purpose of sharing learning and activities within our school community including in newsletters, school wide or classroom and the school website. If GSMIS wishes to use images of your child for promotional and advertising you will be contacted for approval.



Agreement regarding personal information protection

*Please read each item and mark (I agree or disagree).

<p>1. Publishing and publishing your name in newsletters, etc. Example: ● Entry form for entry an exit times (Presentation of child list and entry of times for pick-up and drop-off) ● Inscribe and display the children's works in the nursery room ● Publish the birth child's name in the school newsletter</p>	I Agree	I disagree
<p>2. Posting and publishing photos on newsletters, etc. Example: ● Photos of events and daily childcare. (Daily childcare details are posted in the school newsletter) ● Post pictures of children in the nursery room.</p>	I Agree	I disagree
<p>3. Posting and publishing photos and works on websites and external organizations Example: ● Providing and posting to external organizations (Published in district exchange cultural festival, welfare festival, PR Fuji, press, etc.) ● Published on the homepage ● (Posting photos of events and daily childcare)</p>	I Agree	I disagree
<p>4. Posting of children's creations and names Example: ● Inscribe and display your name on the work of an event held by an external organization (Display works and names at district exchange cultural festivals, welfare festivals, mass retailers, etc.)</p>	I Agree	I Disagree
<p>5. Providing information about children to elementary schools and other related organizations.</p>	I Agree	I Disagree

Date: DD ____ MM ____ YY ____

Facility Name: **GOOD SHEPHERD MONTESSORI INTERNATIONAL SCHOOL - FUJI**

Child's Name: _____

Parent Name: _____

Further Information

Please provide any further information which may be relevant to your child's enrolment.

Waiver of Liability

In the event of an accident or an emergency situation, I hereby acknowledgement that GSMIS shall not be liable for any injuries incurred. My wishes, as expressed above, will be honored as much as possible except in life threatening situations.. in case of a life-threatening situations, my child will be taken to the closest suitable medical facility or in any event like Tsunami or great earthquake will happen I will be responsible in picking up my child as I will be notified.

Name and Signature of Parent/Guardian

Date: ____ / ____ / ____
Day Month Year

Terms and Agreement

This form must be complete before final payment can be accepted, and attached to enrolment form.

My signature below indicates that -

I have read and understand the Fee Schedule / Regulations and I am willing to abide by the details within. I will support and help my child to observe all school regulations, including respecting and protecting the school's property, equipment, buildings and good name.

I will abide by the GSMIS Policies and Procedures. I understand that serious and repeated failure to do so will be brought to the School Management's attention, and my result in my child's enrolment being revoked if a suitable agreement cannot be reached.

Name and Signature of Parents/Guardian(Hanko)

Date: ____ / ____ / ____
Day Month Year

[User Survey]

- At our school, we may post lessons during lessons on our website, SNS, etc. Is it okay if I take pictures and use them during the lesson?

Yes

No

- About allergies, Do you have any allergies?

Yes

No

If “Yes”, Please fill in the details of your allergy.

“If you are taking medication, please also present the instruction manual for the medicine.

Furigana	
Parent Name	Signature/Hanko

To complete the registration please provide the documents below.

- ❖ Student's Photo size 3*4 ----- 2 pcs
- ❖ Parent's Photo size 3*4 ----- 1 each parent
- ❖ Pick-up person's photo size 3*4 ----- 1 each (only 3 people)
- ❖ Birth Certificate
- ❖ Vaccination report or Exemption Request
- ❖ Report Card from previous school

Office Use Only

Enrolment History - Office Use Only

Enrollment Approved

Enrollment Denied

Start Date: ____ / ____ / ____

Start Grade: _____

Notes _____

Signature of Principal / Director

____ / ____ / ____
Day Month Year

Original Years of Enrolment _____

Grade _____

Following Years of Enrolment

Year _____ Grade _____

Year _____ Grade _____

Year _____ Grade _____

Year _____ Grade _____

Year _____ Grade _____

Year _____ Grade _____

Year _____ Grade _____

Year _____ Grade _____

Year _____ Grade _____

Year _____ Grade _____