

Ba Provincial Free Bird Institute Application Form for Admission

Applicant information

First Name _____ Last Name _____
Date of Birth _____ / _____ / _____ (dd/mm/yy)
Residential (Address) _____
Address _____
(at present) (City) _____ (Province) _____
(Country) _____ (Post Code) _____
Phone No. _____ Fax No. _____

Parent (Guardian) information

First Name _____ Last Name _____
Residential (Address) _____
Address _____
(at present) (City) _____ (Province) _____
(Country) _____ (Post Code) _____
Phone No. _____ Relation to Applicant _____

Application Classification

Intending Duration _____ Year(s)& _____ term(s)
Intending Entry time _____ (Month) _____ (Year)

Other Information

1. Have you ever been diagnosed as mental illness/ psychiatric disorders?

_____ NO / YES_(detail) (_____)

2. Do you have any allergies or symptoms of atopy?

_____ NO / YES_(detail) (_____)

3. Do you have any other medical condition(s) we should be aware of ?

_____ NO / YES_(detail) (_____)

Precaution Statement

1. This application must be submitted with documents as below.
 - Junior high Transcript, or Copy of the school report card
2. Application Fee (10,000JPY) Will be needed.
This application fee will not be refund in any case.
3. The information you give in this form will be used only for screening for admission.
4. This application form will not promise an approval for admission for BPFBI.

Student's Signature _____ Date _____ / _____ / _____

Parents Signature _____ Date _____ / _____ / _____

記入見本**Free Bird Institute Application Form for Admission****学生本人情報****Applicant information**

(名字) First Name Taro (名前) Last Name Yamada
 (生年月日) Date of Birth 5 / OCT / 1998 (日/月/年) (dd/mm/yy)
 (住所) Residential Address (at present) Airmans Building 1F, 2-6-4 Ichigayatamachi
 (区、市) (City) Shinjuku-ku (都道府県) (Province) Tokyo
 (国) (Country) Japan (郵便番号) (Post Code) 162-0843
 (電話番号) Phone No. 03-5227-1157 (FAX番号) Fax No. 03-5227-1159

保護者情報**Parent (Guardian) information**

First Name Hanako Last Name Yamada
 Residential Address (at present) Airmans Building 1F, 2-6-4 Ichigayatamachi
 (City) Shinjuku-ku (Province) Tokyo
 (Country) Japan (Post Code) 162-0843
 (続柄) Relation to Applicant Mother
 Phone No. 03-5227-1157

入学申請区分**Application Classification**

Intending Duration (入学予定期間) 1 Year(s) & term(s)
 Intending Entry time (入学予定時期) January (Month) 2011 (Year)

その他確認事項**Other Information**

1. Have you ever been diagnosed as mental illness/ psychiatric disorders?
 (これまでに、精神病・精神疾患と診断されたことはありますか)
 NO / YES(detail) ()
2. Do you have any allergies or symptoms of atopy?
 (アトピー疾患・アトピーの症状などがありますか)
 NO / YES(detail) ()
3. Do you have any other medical condition(s) we should be aware of ?
 (その他に学校スタッフが知っておくべき病気・症状などがありますか)
 NO / YES(detail) ()

注意事項**Precaution Statement****・本注意書きの翻訳**

1. この申請を行なう際は、以下の書面も共に添付して提出すること。
 - 成績証明書、ないし通信簿の複写
2. この申請には、申請費用(10,000円)が必要です。この申請料は、納付後は返還されません。
3. この申請書によって提供された個人情報、本願書の考査、審査のために利用します。
4. この申請は、Ba Provincial Free Bird Instituteへの入学を約束するものではありません。

Student's Signature (生徒本人の署名) (署名) Date 1 / OCT / 2010
 Parents Signature (親御様の署名) (署名) Date 1 / OCT / 2010