

## **Embrey International School of Performing Arts**

3-2-18, 2F Koyama, Shinagawa-ku, Tokyo 142-0062 TEL:03-5724-3228

## APPLICATION FORM

FOR OFFICE USE ONLY					
Received on				Photo	
Present Age					
Entering Age					
Student No.					_
Applicant's Name:					
	(first)	(Middle)		(Last)	
Place of birth:	(Country)	Date of birth:	/ /	Age:	
(City)	(Country)	(M	onth/Day/Yea	r)	
Nationality:	Sex:Male( )F	emale( )			
Spoken Languages:		Religio	n:		
Home Address:		Tel:		Fax:	
School last attended/present	ly ettending:	<b>V</b>	ear/Term:		
School last attended/present (Circle one)			ear/ reiiii.		
Date of with drawal:	Reason fo	or with drawal:			
Proposed Entrance Date into	EISPA:				
·					
Father's Name:					
	(first)	(Middle)		(Last)	
Nationality:	Spoken Languages:		Religion:		
	·		······		
Profession/Firm/Organization	:	Position:			
			••••••		
Business address:					
Tel: Mobile:	Ema	il:	Weh	site:	
			*****		



Mother's Name	<b>:</b> :			
	(first)	(Mic	iddle) (Last)	
Nationality:	Spok	en Languages:	Religion:	
Profession/Firm/	Organization:	Position:		
Business addres	s:			
Tel:	Mobile:	Email:	Web site:	
Immediate Fan	nily Members			
Name		Relationship	Date of Birth	
Emergency Tel	ephone Numbers	if Guardian(s) can not be cont	tacted:	
Name:		Relationship:	Tel:	
Name:		Relationship:	Tel:	
Name:		Relationship:	Tel:	
Name:		Relationship:	Tel:	
Who will usual	ly pick up your ch	ild ?		
Please attach a	photo of both pare	nts.A photo is also required	for other persons	
picking up your	child. ex:(baby sitt	ers,nanny's or other family	members.)	
Below,please a	dd a family grouլ	photo. (please use recer	nt photo's)	
		Photo		