



ポートランド日本語継承学校
Keicho Japanese School of Portland

APPLICATION FORM

RETURNING STUDENT INFORMATION

Name:		
First	Last	
Date of birth: _____ / _____ / _____	_____ Male _____ Female	Nickname:
Current address:		
City:	State:	ZIP Code:
Phone number	Class level _____ K-1 grade _____ 2-3 grade _____ 4-5 grade _____ 6 grade and above	

PARENT/GUARDIAN INFORMATION

If your information hasn't changed from previous school year, please check here

Parent/Guardian name (primary contact):		Relationship to student:
Current address:		
City:	State:	Zip Code:
Phone (Home):	Phone (Cell):	Email:
Employer:	Interested in volunteering? _____ Yes _____ No	

PARENT/GUARDIAN INFORMATION

If your information hasn't changed from previous school year, please check here.

Parent/Guardian name (secondary contact):		Relationship to student:
Current address:		
City:	State:	ZIP Code:
Phone (Home):	Phone (Cell):	Email:
Employer:	Interested in volunteering? _____ Yes _____ No	

SIBLING(S) INFORMATION

If your information hasn't changed from previous school year, please check here

Name:	_____ Male _____ Female	Date of Birth: _____ / _____ / _____
Name:	_____ Male _____ Female	Date of Birth: _____ / _____ / _____
Name:	_____ Male _____ Female	Date of Birth: _____ / _____ / _____

The parent/guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the Keicho Japanese School of Portland (KEISHO) to rely upon this representation for all purposes related to the program. The parent/guardian also understands that deposit (\$100) is due at the time of registration and it is non-refundable.

Non-discrimination
All activities at KEISHO do not allow discrimination for any reason similar to race, skin color, sex, religion, disability, nationality, ethnicity, etc..

Signature of Parent/Guardian _____ Date _____