

**EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER GAKUEN**  
**STUDENT REGISTRATION FORM**  
**FOR SCHOOL YEAR 2018-2019**

**Enrollment Status:**

**New**                       **Continuing:** Last completed grade \_\_\_\_\_

**Student Information:**

Name (Last, First, Middle): \_\_\_\_\_

Name in kanji (if known): \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**History with Japanese language study:**

Home study                      How many years studied? \_\_\_\_\_

Attended Japanese language school    Where? \_\_\_\_\_  
How many years attended? \_\_\_\_\_    Highest level completed? \_\_\_\_\_

High school Japanese                      How many years studied? \_\_\_\_\_

**For high school students:**

Are you interested in earning High School Language Credit?    Yes    No

**Parent/Guardian Information:**

Mother/Guardian Name (Last, First, Middle) \_\_\_\_\_    Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_    Work Phone \_\_\_\_\_    Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Father/Guardian Name (Last, First, Middle) \_\_\_\_\_    Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_    Work Phone \_\_\_\_\_    Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Other Student-Siblings/Relations Enrolled:**

Name: \_\_\_\_\_    Grade \_\_\_\_\_

Name: \_\_\_\_\_    Grade \_\_\_\_\_

Name: \_\_\_\_\_    Grade \_\_\_\_\_

**Signature** of Parent or Guardian \_\_\_\_\_    Date \_\_\_\_\_

Name of Parent or Guardian (please print) \_\_\_\_\_