

EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER GAKUEN
GAKUEN REGISTRATION FORM
FOR SCHOOL YEAR 2020-2021

Enrollment Status: New Continuing: Last completed grade _____

Student Name: _____

Name in kanji (if known): _____ **Gender:** M / F

Birthdate: _____ **Grade in 2020-21:** _____

Student's Mailing Address: _____

Parent/Guardian Information:

Name of Parent/Guardian Registering Child _____ Occupation _____

Home # _____ Work # _____ Cell # _____

Email Address _____

2nd Parent/Guardian Name _____ Occupation _____

Home # _____ Work # _____ Cell # _____

Email Address _____

Total number of children in the immediate family who will be attending Gakuen in 2020-21: _____

Name of sibling(s) attending Gakuen and their grade in 2020-21

Name: _____ Grade _____

Name: _____ Grade _____

Name: _____ Grade _____

If your child is new to ESGVJCC Gakuen, please share with us how you heard about us.

- Word of mouth
- Search engine
- Social media
- Event
- Advertisement
- Other _____

Signature of Parent or Guardian _____ Date _____

Name of Parent or Guardian (please print) _____