# Application for Admission **ELC** Preschool & Kindergarten





Student Informatio	n					* Wr	rite student's LEGAL	NAME and	SEX, exactly as it app	ears on their passpor
Name (Legal Last/Family Name)		(First,	Middle Name)						(Nickname)	
Date of Birth (MM - DD - YYYY)		Age	Grade (anticipa	ated)	Sex (check		Preferred Gend	er Identit	y (if different)	
Place of Birth (City/State, Country)		Nationality/Citi:	zenship #1				Nationality/Cit	izenship	#2	
Native Language (or dominant language)		Language(s) Sp	ooken at Home (if	different)			Student's Spok	or		ative/Fluent <b>5</b>
Is the student currently attending (or attended	ed) a preschool, ki	ndergarten or r	nursery? 🔲 <b>Ye</b>	s 🔲 N	lo (If yes	, list school ı	name, enrollment ler	ngth, and la	nguage of instruction I	pelow)
1 Name:		(	months/years attend	ded)	•	• Was/is t	he language of	instructio	n English? 🔲 🛚	lo □Yes
2 Name:		(	months/years attend	ded)	•	∙ Was⁄is t	he language of	instructio	n English?	No 🔲 Yes
3 Name:		(	months/years attend	ded)	•	∙ Was⁄is t	he language of	instructio	n English?	No Yes
Family Contact Info Home Address (while enrolled, if known)  Home Telephone (while enrolled, if known)	<u>ormatio</u>	<u>1</u>					his time and we will		e "Interim Contact Info	ormation" on the back
Tionic receptoric (wither entoned, it known)				nary Er	riaii (wille)	enroned, for	main communication	i with the St	SHOOI)	
Emergency Telephone / Contact Information	1					(This person	is a 🖍) : 🔃 Rela	tive	Friend Neighbo	er Employer)
Family Information Father's Name (or Parent 1) (Last, First)			Nationality/Citizer	nship #1		Nationality	y/Citizenship #2		Check One: (✔)  Natural Father	Step Legal ather Guardian
Father's Native/Dominant Language	Main Language	Spoken with S	tudent (if different)		r's Spoker lone/Poor <b>1</b>	_	Level (circle) Nativ <b>3 · 4</b> ·	re/Fluent <b>5</b>	Will Father live with Student? (	No Yes
Father's E-mail (if different than above)				Fathe	r's Mobile	Phone (in .	Japan)		Father has full access rights? (c) (school reports, etc.	
Father's Occupation/Title (if employed)		Name of Comp	oany/Organization				Business Descr	iption		·
Company/Organization Address/Telephone	in Japan)					<u>:</u>				
Mother's Name (or Parent 2) (Last, First)			Nationality/Citizer	nship #1		Nationality	//Citizenship #2		Check One: (🗸)  Natural Mother	Step Legal Mother Guardian
Mother's Native/Dominant Language	Main Language	Spoken with S	tudent (if different)	1	er's Spoke lone/Poor 1		Level (circle)  Nativ	/e/Fluent <b>5</b>	Will Mother live with Student? (	No Yes
Mother's E-mail (if different than above)	į			Mothe	er's Mobile	Phone (in	Japan)		Mother has full access rights? (c) (school reports, etc.	
Mother's Occupation/Title (if employed)		Name of Comp	oany/Organization	:			Business Descr	iption		•
Company/Organization Address/Telephone	in Japan)					<u>:</u>				
List others who will reside with student: (i.e.	brothers, sisters, gran	dparents, etc.)								
#1•	(age: )	#3 •			(age:	)	#5 •			(age: )
#2 •	(age: )	#4 •			(age:	)	#6 •			(age: )

#### **Physical Exam/Medical Check-up History**

NIS conducts on-site hearing, vision and scoliosis check-ups annually. However, it is recommended that all students have a full medical check-up prior to enrollment, particularly for expatriate students relocating to Japan. If the student has had a recent medical check-up, please attach a copy of results with this application. (A form is available to present to doctors at the time of a medical check-up).

The student is currently being treated for a medical condition:	• The student has vision or hearing concerns:
No ☐Yes:	(difficulty seeing, crossed eyes, reddened/watery eyes, needs eyeglasses, uses hearing aid, etc
	□No □Yes:
The student has an ongoing illness, injury or physical challenge:	The student has the following chronic health issues:
□No □Yes:	No ☐Yes: (check (✔) all that apply)
• The student previously had an injury, hospitalization,	☐ Asthma ☐ Diabetes ☐ Seizure or Epilepsy ☐ Neuro-Disorder ☐ Heart Disea
serious surgery or other health condition:	☐ Other (specify):
□No □Yes:	We have concerns about the physical health of the student:
The student has severe allergies:	(eating/sleeping habits, bowel or bladder, teeth, skin, menstruation, weight, etc.)
No ☐ Yes:	□No □Yes:
	• Do any of the these medical/health conditions or concerns affect
The student takes prescribed medication on a regular basis:	program participation or require school intervention?
□No □Yes:	□No □Yes:
Have concerns ever been raised regarding the student's:	Has the student ever experienced:
	wer is "Yes", please specify (including dates); Appropriate documentation/reports must be included with the ap  Has the student ever experienced:  • A formal medical diagnosis:  (Autism, Pervasive Developmental Disorder, Developmental Delay, etc.)
Have concerns ever been raised regarding the student's:  Communication and/or interaction:	Has the student ever experienced:  • A formal medical diagnosis:
Have concerns ever been raised regarding the student's:  Communication and/or interaction: (articulation, delayed speech, social and/or interaction, Autism)  No Yes:  Cognition and/or learning:	Has the student ever experienced:  • A formal medical diagnosis: (Autism, Pervasive Developmental Disorder, Developmental Delay, etc.)
Have concerns ever been raised regarding the student's:  Communication and/or interaction: (articulation, delayed speech, social and/or interaction, Autism)  No Yes:  Cognition and/or learning: (developmental delay, knowledge of letters and sounds, counting, labelling colors or objects)	Has the student ever experienced:  • A formal medical diagnosis: (Autism, Pervasive Developmental Disorder, Developmental Delay, etc.)  No Yes:  • Additional educational interventions: (IEP, Behavior Plan, Learning Support, etc.)
Have concerns ever been raised regarding the student's:  Communication and/or interaction: (articulation, delayed speech, social and/or interaction, Autism)  No Yes:  Cognition and/or learning:	Has the student ever experienced:  • A formal medical diagnosis: (Autism, Pervasive Developmental Disorder, Developmental Delay, etc.)  No Yes:  • Additional educational interventions:
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Have concerns ever been raised regarding the student's:  Communication and/or interaction: (articulation, delayed speech, social and/or interaction, Autism)  No Yes:  Cognition and/or learning: (developmental delay, knowledge of letters and sounds, counting, labelling colors or objects)  No Yes:  Sensory or physical development: (fine or gross motor skills, delayed motor development e.g. crawling, sensory stimulation/sensitivity)	Has the student ever experienced:  • A formal medical diagnosis: (Autism, Pervasive Developmental Disorder, Developmental Delay, etc.)  No Yes:  • Additional educational interventions: (IEP, Behavior Plan, Learning Support, etc.)  No Yes:  • Support from an external professional: (Counselor, Educational Psychologist, Speech & Language Therapist, Occupational Therapist, etc.)
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### **Immunizations**

NIS has adopted recommendations by WHO, CDC and *The American Academy of Pediatrics* in determining suggestions for immunizations (with adaptations to Japanese government recommendations). As with all medical issues, it is important that families keep records of immunizations and know what is recommended for specific countries while travelling and to ensure all recommended immunizations are up-to-date. (Please note this is the responsibility of parents)

- Below are **recommended** for enrollment into NIS. If a copy of immunization records is available, it is **required** to submit that document.

  \* Please note that getting vaccinated for Japanese Encephalitis is highly recommended before moving to Japan
- If the student has **NOT** been immunized for the doses listed below, or if records of dates/doses are unknown, further information and supporting documentation (which may require testing at a clinic here in Nagoya prior to enrollment) must be provided.

Please check ( ) if these doses have been completed

DTap	& Polio or Di	PT-IVP	Hepatitis B	Varicella (Chicken Pox)	MM	IR or MR/Mu	mps
DTap  4 doses (0-2 years)  5 th dose (4-6 years)	Polio 3 doses (0-2 years) 4th dose (4-6 years)	DPT-IVP  4 doses (0-2 years)	3 doses (0-2 years)	1st dose (0-2 years) 2nd dose (4-6 years) natural exposure	MMR  1st dose (0-2 years)  2nd dose (4-6 years)	MR  1st dose (0-2 years)  2nd dose (4-6 years)	Mumps  1st dose (0-2 years)  2nd dose (4-6 years)

Should an outbreak of a contagious communicable disease occur in the NIS community, non-immunized students may be a danger to the health of not only themselves but also of others. Families who choose not to have their child immunized and/or do not consent to additional testing at a local clinic in order to ascertain their child's immunization status may not be admitted to NIS before signing a declaration to the effect that the school may place restrictions on attendance in the case of a medical need or emergency situation, and non-immunized students may be excluded from the NIS campus for an extended period of time.

Language Information · Languages spoken by Mother: First (Native) Language: Other Language(s): • Languages spoken by Father: First (Native) Language: Other Language(s): • Languages spoken by Student: Dominant (Native) Language: Other Language(s): • Main Language spoken between Siblings: • Student is able to answer "yes" or "no" clearly when teachers ask questions: □No □Yes • Literacy activities pursued at home: (in any language) **English Language Information** \*For English as Second/Additional Language Learners only) • Is English spoken in the home? □No □Yes • If yes, what percentage of time, per day, is English used as a family? • If English is spoken in the home, list who speaks it: • The student has studied the English language in a school setting: □No □Yes • If yes, how many hours per week? Hours • If student has studied English in a school setting, at what age did he/she begin? • How will parents support the student's English language acquisition? How will parents support the continued development of student's "mother tongue" language, if different than English? • Estimate student's level of competence in English with a child of similar age: (🗸) ☐ Competent communicator ☐ Communicates with effort ☐ Communication is limited Personal/Social/Physical/Behavioral Development Describe any special or unusual circumstances surrounding the student's birth (or development) (premature, low birth weight, difficult delivery, etc.) • At approximately what age was the student able to: Walk: Use Toilet without help: months/vears months/vears months/years • How many hours (on average) does the student usually sleep at night? • The student is: Left-Handed Right-Handed • If no, why not? (explain circumstances) • In general, how would you rate your child's appetite? (🗸) Eats a lot ■ Eats an average amount is a fussy eater • When your child needs discipline, please check all methods you use: (🗸) ☐ Talking with child Reasoning, explaining Spanking Sending him/her to their room Denying/taking away privileges ■ Do not discipline that much ☐ Other • If/when you discipline your child, describe typical consequences: • Student is able to: • Put on (and off) clothes, coat, etc. □No □Yes • Use the toilet independently and able to □No □Yes manage clothing when using the bathroom • Put on (and off) shoes ■No ■Yes ■No ■Yes Fasten bag zipper ■No ■Yes Eat with spoon and/or chopsticks properly

Perso	<u>onal interest</u>	<u>S</u>				
• Check a	all words below which bes	st describe the student: (	(Check ALL that apply)			
	☐ Independent ☐ Expressive ☐ Confident ☐ Creative ☐ Artistic	Rebellious Shy Emotional Competitive Cautious	☐ Attention-seeking ☐ Bossy ☐ Impulsive ☐ Aggressive ☐ Energetic	☐ Follower ☐ Leader ☐ Observer ☐ Moody ☐ Sensitive	☐ Anxious ☐ Curious ☐ Caring ☐ Friendly ☐ Other:	
Describ	e any noteworthy or uniq	ue talents or interests of	the student:			
Describ	e the student's likes/disli	kes:				
Describ	e the student's areas of s	strength:				
Describ	e what the student's chal	lenges (difficulties) in sch	nool are or may be:			
Describ	e the student's recent ac	tivities: (summer events, family	trips, holidays, etc.)			
	ral Question e the student: (Personality, li					
	o the otagonal ( costiling), ii	icay distincts, daily foldines, etc.,				
• What do	o you hope the student w	ill achieve through attend	ing NIS!			
• What ar	e your future plans for th	e student? (i.e. elementary sch	nool, secondary school, higher education,	etc.)		
• Is there	anything also that we sh	ould know about the stud	lont?			
• is there	anything else that we sh	ould know about the Stud	JCIIC:			

Statement of Intel	nt	
Please state your reasons (in English	) for wanting to enter your son/daughter	r into Nagoya International School:
Religious or Cultur		
Are there any religious or cultural pra	actices that would affect the student's pa	articipation at NIS? (If yes, please describe)
Other		
	ase provide any information about a spe	ecific concern, academic or otherwise, sickness or problem that may have bee
neglected in this form. NIS is particul	larly interested in information that could	have an impact on your child's ability to participate and succeed in our progra
		*All pertinent information pertaining to a student's educational, social or admissions process; failure to provide such information places the student
admission and/or continued enroll	ment status in jeopardy. (Please attach a s	separate sheet if more space is needed)
Please check (✓) how you learned about NIS:	☐ Sibling is a student ☐ Alumi☐ Relocation Company ☐ Intern	ni Parent/Relative
(Check all that apply.)	Relocation Company Intern	net/Web Other:
Please check (✓) desired	As soon as possible At the	e beginning of the next school year
enrollment start date:	Other:	this time, place my child on a wait-list
Please check (✓) desired		
billing/invoicing:	Parent Employer Contact In	formation:
Do you intend to use the	No Not Sure Yes ₽o	ossible Route (if known):
NIS Bus Service? (✓)	Gille Gillerenie Giller	Solid Folde (if inform).
7.	re an important part of the community to be involved in their child's learning, an	
Time", parents are invited to join the	e classroom on a daily basis as a partic	cipant or an observer. Parents  Comment or area of expertise/specialized knowledge:
	y classroom activities, helping to prepa , and for occasions to share your cultur	
into the classroom. Please indicate	your willingness to assist in this way.	
NIS may share my email address	□ No □ Yes □ Not now	We welcome the chance to ask questions  No Yes Not no
with the NIS PTA (✓) (recommended)	140 Ties Tivorilow	of a volunteer NIS parent*(✓) (recommended)  *Volunteer NIS parents may be available to answer questions from a parent's perspective if desired)
Interior Contest to	fa	лиштеся тно разоно тноу ос вчинаме со вначен дисация поти а ратента ретаресцие и desireu)
Interim Contact In Interim contact information prior to Japan		(Please include all contact information that may be helpful for NIS to kn
and the second s	W. daniel drief Holle Page)	a sease mender an contest information dust may be neighblife for No. to Ari

## Implications/Responsibilities

Enrolling a child in any school represents the start of a relationship of trust and understanding between the family and the school. We appreciate the value of this relationship in supporting a safe, nurturing and academically challenging environment for your child. We accept the responsibility this places upon the school to deliver equitable access to our mission to all our students: to inspire and empower our students to think creatively and critically, pursue lifelong learning, and contribute positively to the global community. These words embody the skills and attributes we believe are important for our students to succeed in creating their futures.

Equally, we need to make explicit the expectations we have for parents, for only when parents fully embrace these expectations can we confidently support your child as he/she strives to realize his/her potential at NIS. By submitting this application, you are making a statement that you have read and understood the following implications of an NIS education, and that you have agreed to accept in full the responsibilities of being an NIS parent or guardian.

#### **IMPLICATIONS**

- 1. As an international school, NIS exists in a 'third culture' environment. Consequently the experiences with which your child will be engaged will shape their knowledge, skills and identity in a manner that does not fully align to any single, national culture. While this development of a global mindset represents a richness of experience that is to be celebrated, it also means that children grow up in the absence of some of the social, cultural and linguistic norms of their parents' culture(s). Families who choose to embrace this as an opportunity are much more likely to benefit from an international school experience.
- 2. Being a parent in the NIS community will not equate to the experience of being a parent at a school in your home country. While there may be similarities, parents will undoubtedly find differences. These differences may include alternative approaches to teaching and learning, the way in which student learning is assessed, recorded and reported, and in the way in which the school community collaborates in delivering the mission. Parents who embrace being a part of an international school community are more likely to enjoy their time at NIS than those who wish to re-create the school 'back home'.
- 3. NIS enrolls students from systems and countries around the world. Our curriculum, taught through the framework of the IB, is designed to facilitate movement from and to schools and universities globally. However, parents are advised that transitions between various systems can be difficult, and the restrictions imposed by school systems worldwide upon re-entry can pose some problems. It is important that you have carefully considered the implications of enrolling your child in NIS on your child's academic future and that you are comfortable with the opportunities and risks that this presents.

#### **RESPONSIBILITIES**

In accepting a place at NIS, all NIS parents (or legal guardians) agree to accept and abide by in full the following responsibilities:

1. Disclose all information necessary to support the school in caring for the learning and well-being of your child.

This includes all medical information, emotional health information, information about specific learning needs and any other information that may be relevant to staff in caring for your child (e.g. death/illness of a family member, parent separation/divorce, etc.). Such information must be disclosed within this application prior to admission to NIS and as necessary during the period of the child's continued enrollment. Any false statement made in this form or at any time hereafter may be grounds for denial of admission or a requirement that the student withdraw from NIS.

- 2. Abide in full with the school's financial (tuition and fees) policies.
- 3. Read, act upon and/or abide by any written or verbal school-to-home communication.

This includes handbooks, online documentation, email correspondence and/or any other form of school-to-home communication. The language of communication at NIS is English.

4. Understand, embrace and act upon the NIS "Norms of Collaboration":

NIS "Norms of Collaboration": (A) Presume positive intentions and listen with an awareness of personal bias, judgment or expectation; (B) Respect, value and model transparency and inclusivity; (C) Take advantage of established opportunities to connect with other parents and staff; (D) Communicate appropriately and directly; and (E) Respect the precious commodity of time for all community members

5. Abide by Japanese and international standards with regard to the welfare of your child.

NIS takes issues of safeguarding and child protection very seriously and has thorough policies and practices in place to work with parents in support of the safety of their child.

6. Be aware of the expectation of Compulsory Education for students in Japan.

(for students who possess Japanese nationality)

7. Consent to use of photos/videos.

Photographs and videos of your child may be taken by NIS staff. Such images will be used only for NIS publications, websites and official NIS social media sites (i.e. Facebook, Twitter, etc.) to better inform the community and to share our learning with the greater community. **Student names will not appear online or in these publications without your permission.** 

It is the intention of the school to ensure that all students achieve success in their pursuit of the school mission. Should a student be significantly unsuccessful (academically, socially or behaviorally), interventions will be implemented with the intention of supporting that student's success. The outcome of this may be that continued enrollment is only possible with additional learning or behavioral support (for which additional costs may be payable) and parent consent to this recommendation may be a requirement for continued enrollment at NIS. While NIS is an inclusive school that seeks to meet the needs of a range of learners, should it become clear that the success of a student is not feasible at NIS, or that the cost to other learners is unacceptable (due to, for example, poor behavior), NIS has the right to ask a student to withdraw.

## **Agreement/Consent**

_	We confirm that we have read the "Implications and Responsibilities" above, and that if this application results in admission to NIS, we agree to accept and abide in full by all of the responsibilities listed above.
	We give permission for NIS staff and administration to provide necessary medical care and support for our child's needs, and agree to abide by the rules and procedures for health care as outlined in the "Medical Information & Permission Form".
	We understand that this form may be photocopied and information may be shared with members of the NIS staff.