

**Orange Coast Gakuen Japanese Language School
Registration Form**

I. Student Information

| | | | |
|---|------------------|----------------------|---|
| Name of Student 生徒名 _____ | | | Name in Japanese 日本語の氏名: _____ |
| Last | First | Middle | |
| Mailing Address: _____ Street Apt. # | | | Grade in local school 普段通学している学校での学年 |
| City State Zip Code | | | |
| Date of Birth 生年月日 | Gender 性別 M F | High School district | |

II. Parent or Legal Guardian Information

| | | |
|---|-------------------------|----------------|
| Name 氏名 | Relationship to student | Occupation 職業 |
| Cell phone number | Home phone | e-mail address |
| Do you speak Japanese at home? (Please check): ご家庭で日本語を話されますか。 Yes A little None | | |
| Name 氏名 | Relationship to student | Occupation 職業 |
| Cell phone number | Home phone | e-mail address |
| Do you speak Japanese at home? (Please check): ご家庭で日本語を話されますか。 Yes A little None | | |
| Name 氏名 | Relationship to student | Occupation 職業 |
| Cell phone number | Home phone | e-mail address |
| Do you speak Japanese at home? (Please check): ご家庭で日本語を話されますか。 Yes A little None | | |

私（達）は OCG に上記の子供を、日本語と日本文化を学ばせる為に入学を希望します。入学に際しては、家庭においても、学園においても、学園の諸行事、ならびに PA の活動を支援し、奉仕を行うことにより教育活動への協力を約束します。

I/we would like to enroll the above child in Orange Coast Gakuen for the purpose of receiving education in the Japanese language and culture. As a condition of acceptance, I/we will follow school procedures, both at home and in school, and will volunteer to support the activities of the school PA.

Parent/Guardian's signature Print Name Date

Parent/Guardian's signature Print Name Date

For OCG Use:

Class/Teacher: _____

Sibling discount? _____

Starting date _____

Last revised: 7/29/2016