



## GLOBAL WISDOM INTERNATIONAL SCHOOL

### 2026-2027 PRE-SCHOOL AND KINDERGARTEN ADMISSION FORM

Child's Name (English) : \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

( 漢字 ) : \_\_\_\_\_ 性 \_\_\_\_\_ 名 \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Gender:  Boy  Girl

Nationality as stated in Passport(s): \_\_\_\_\_

(Paste 3x 4 cm Photo)

Language (s): (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_ (3rd) \_\_\_\_\_

Contact Number: (Home Tel) \_\_\_\_\_ - \_\_\_\_\_ (Mobile) \_\_\_\_\_ - \_\_\_\_\_

Address in Japan: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

How will Child travel to School :  Train Station \_\_\_\_\_ Line \_\_\_\_\_  Walk  Car  Bus

Do you need School Bus Service : ① Yes / No ② Morning Pick-up/ Afternoon Drop-off/ Both

Permanent Address(Outside Tokyo/Outside Japan): \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Dietary Restrictions : \_\_\_\_\_

Allergies(If Any): \_\_\_\_\_

Blood Type : \_\_\_\_\_ Toilet Training :  Completed  In Progress  Diapers

Medical Condition(Specify) : \_\_\_\_\_

Program Choice (Please Select ① or ② )

①Full Day School 9:00 - 13:30   
②Half Day School 9:00 - 12:00   
③Extended School (8:00-19:00)

Weekly/Hourly Frequency(Please select from below)

Days in a Week  
1 / 2 / 3 / 4 / 4.5 / 5 / 5.5 / 6 Hrs in a Day ( \_\_\_\_\_ days a week)

Reference/Emergency Contact:

Guardian/Father Name: \_\_\_\_\_

Name1: \_\_\_\_\_

Guardian/Father Phone#: \_\_\_\_\_

Phone#: \_\_\_\_\_

Guardian/Mother Name: \_\_\_\_\_

Name2: \_\_\_\_\_

Guardian/Mother Phone#: \_\_\_\_\_

Phone#: \_\_\_\_\_

Has the child had previous school experience? Yes No

If yes, please list name of school(s)

Parent's Email ID 1: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent's Email ID 2: \_\_\_\_\_

Submission Date: \_\_\_\_\_