



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):

Language (s): (1st) _____ (2nd) _____ (3rd) _____

Contact Number: (Home Tel) _____ - _____ - _____ (Mobile) _____ - _____ - _____

Address in Japan: _____

_____ 〒 _____ - _____

How will Child travel to School :

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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)

① Full Day School 9:00 - 13:30

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② Half Day School 9:00 - 12:00

☐

③ Extended School (8:00-19:00)

☐

Weekly/Hourly Frequency(Please select from below)

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1 / 2 / 3 / 4 / 5 Days in a Week

1 / 2 / 3 / 4 / 4.5 / 5 / 5.5 / 6 Hrs in a Day (____ days a week)

Guardian's Information:

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's Email ID 2:

Parent Signature:

Submission Date: