

SMIS After School Kids APPLICATION FOR ENTRANCE

17-2 Nakayamate-Dori 3-Chome, Chuo-ku Kobe 650-0004 Tel: 078-221-8028 Email: els-office@smis-mail.org

Student Informa	tion					
Name:						
	Last Name (Fa	Last Name (Family)		ne (Given)	Middle	4cm x 3 cm Recent
Please Check:	□ Male	☐ Female	е			(6 months)
Date of Birth:	Date:	Month:	Ye	ear:		- Photo Attached
Contact Informa	tion					_
Parent Name:						
	Last Name (Family)	Nam	ne (Given)	Middle	
Home Address in Japan:	〒 -					
	(Postal Code)	(Postal Code)				
Home Phone:				Mobile Phone:		
Primary Email Address*:		Email linked to your mobile device for emergency**:				
		il will be used for r espondences in t			**This email will emergency cor	be used only for respondences in the future.
パソコンのアドレス及び	が、緊急連絡	(台風等での休村	交等)時に	 必要な携帯電話のア	ドレスも合わせ	せてご記入ください。
	B	ank Transfe	r Inform	ation		
				神戸営業部 Bra	nch	
	C	ode: 500				
		Futsu Account: 8514041 Gakko Hojin Sei Mikaeru Kokusai Gakko				
Over the same in a						
Questionnaire: How did you first he	ar about St. I	Michael's Interi	national S	School? Please che	ck ☑ the appi	ropriate box
☐ Internet Search)		•
□ Company Sugge	estion 🗆 Fri	end's Suggest	ion \square	I am an alumni]	☐ By reputation
☐ Magazine (Name	e)		□	Newspaper (Name)	·····
Questionnaire:						

What is the name of the school that you are currently attending?

School Name: _____