

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

* If you are filling out this form electronically, you may TYPE your name in lieu of your signature. OCG will consider this to be the same as a formal signature.

For OCG Use:
Class/Teacher: _____
Sibling discount? _____
Starting date _____
Last revised: 1/25/2017