



AMERICAN SCHOOL IN KOFU

APPLICATION FORM

Kindergarten

Child's Name _____

Date of Birth _____ Sex _____ Age _____

Blood Group _____

Home Address _____

Home Phone _____ Mobile Phone _____

Father's Name _____

Father's Mobile Phone _____ Occupation _____

Mother's Name _____

Mother's Mobile Phone _____ Occupation _____

Email address: _____

PARENT'S SIGNATURE _____

Date _____