## Osaka International School of Kwansei Gakuin: Initial Enquiry Form

Please complete a separate form for each applicant, and email the completed version to oisadmissions@soismail.jp

1. Applicant Details							
Applicant's Name:	Family name		First name(s)				
Gender:	Male Fem	Male Female Date of I		Birth:dd/mm/yyyy			
Nationality:		Pare			Father		 Mother
2. Education							
Name of current school:							
Current grade level:		Curre	ent school	year:	from month		to month
Previous Schools:					From:		To:
Previous Schools:					From:	mm/yyyy	mm/yyyy To:
Previous Schools:					From:	mm/yyyy	To: To:
2.1					- k		To:
3. Language		our child's English level of the skills listed here:	Reading Writing	native	advanced	intermediate	beginner
Language spoken at home:	ioi cucii c	of the skills listed fiele.	Speaking				
		······-	Listening				
4. Entry to OIS  Anticipated date of entry:		Anticipated	l langth of	ctave			`
Anticipated date of entry.		Anticipated	rength of	stay			
5. Additional Notes			_				
Has the applicant ever been pr				Yes	No Details:		
Will the applicant be living wit	•						
If the applicant be living with	someone who is not the	parent, who wou	ld the gua	rdian be?			
Has the applicant been in any of the following programs or received support for any of the following?							
ESOL (English for Speake	ers of other Languages)	Yes	No	When:			
Gifted &Talented Indivi	dual/Family Counseling	Yes	No	When:			
ADHD IEP (Indiv	idual Educational Plan)	Yes	No	When:			
	Behavior Management	Yes	No	When:			
	Learning Resources	Yes	No				
Ren	nedial Reading/Writing	Yes	No				
	Remedial Math	Yes	No				
	Speech/Language	Yes	No				
	Other	Yes	No				