

# APPLICATION FORM for International Division



**SYDNEY JAPANESE INTERNATIONAL SCHOOL**

	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<b>Student Name</b>			
<b>Date of Birth</b>	<small>DD</small> / <small>MM</small> / <small>YYYY</small>	<b>Gender</b>	Male / Female
<b>Place of Birth</b>			
<b>Nationality</b> <small>Specify all nationalities</small>	1.	2.	3.
<i>Japanese Kanji name if applicable</i>	<small>(名前・日本語)</small>		

Home Address: \_\_\_\_\_

Suburb/City \_\_\_\_\_ State/Prefecture \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_

Student Lives With:  Both Parents If no, please state \_\_\_\_\_

In which year are you seeking to enrol this student? (Please mark the box)

Intended Start Date

K	Y1	Y2	Y3	Y4	Y5	Y6	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day	Month	Year

	Parent (Father)/ Carer 1	Parent (Mother) /Carer 2
Last Name		
First Name		
Nationality		
Occupation		
Employer(Company)		
Home Number		
Mobile Number		
Office Number		
Email Address		
Home Address		

Please provide details of any school including day care or preschool where the student has previously been enrolled starting with the most recent. If more space is needed please attach a page marked Previous Schools.

	Name of school <small>(include preschool or day care centres)</small>	Country	From	To	Year Completed	Language of Instruction
1						
2						
3						
Name of current school Principal/Head of School						
Name of Current School						
Email						
Telephone Number						

	Name of Siblings	Male / Female	DOB	Current School	Year/Grade
1					
2					
3					

For Kindergarten enrolments only:

**Which Division do you request for Primary School, Year 1 onwards?** (Please tick)

**International** (Australian Curriculum)       **Japanese** (Japanese Curriculum)

**Applicant's Declaration** I declare that the information provided in this Application to Enrol is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

**Signature of applicant**

**Print Name**

 

**Day**

 

**Month**

 

**Year**

**Payment Method**

The Application Form should be lodged with the Registrar and include the application fee \$220. Payment can be made by any of the following methods. If you need to request an invoice prior to the payment, please inform us so an invoice can be issued.

**1)EFT /**

**Bank Deposit:**

Your payment can be directly deposited into our Commonwealth Bank, Frenchs Forest Branch account.

Account name:	<b>SYDNEY JAPANESE SCHOOL</b>		
BSB No.:	<b>062-295</b>	Account No.:	<b>28019098</b>

Please indicate the student's name as a reference and send a copy of bank confirmation by email to [administrator@sjs.nsw.edu.au](mailto:administrator@sjs.nsw.edu.au)

**2)Cheque:**

Cheque should be made payable to **SYDNEY JAPANESE SCHOOL** or **SYDNEY JAPANESE INTERNATIONAL SCHOOL**

**3)Credit Card/  
EFTPOS:**

A surcharge of 1.5 % is payable in addition to the invoiced amount, if the credit card was issued within Australia or 2.0 % if issued outside Australia.

Australian issue (1.5%)

Overseas issue, i.e. Japan (2.0%)

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Card (circle)

Visa / MasterCard

Cardholder Name (as appears on card)

\_\_\_\_\_

Card Number

\_\_\_\_\_

Expiry Date

\_\_\_ / \_\_\_ (MM / YY)

**4)Cash:**

Please pay at the Office.

**Sydney Japanese International School**  
112 Booralie Road Terrey Hills NSW 2084  
T: 02 9450 1833 F: 02 9450 1192  
[registrar@sjs.nsw.edu.au](mailto:registrar@sjs.nsw.edu.au) [www.sjis.nsw.edu.au](http://www.sjis.nsw.edu.au)