

Application Summer School 2017

Please complete the following form and pass this to the School Office as soon as possible to secure your child's place. This form can be sent, faxed or emailed (see www.smis.org/contact) or handed in at the school office. **Please do not post any fees.** Once your place is confirmed, the School will send you a welcome email to your email address as provided below. We will also issue an invoice separately to your regular email address indicating the necessary bank transfer details.

All fees must be paid by **Friday 16th June, 2017**. Applications after this deadline will be accepted, however, places for these applicants cannot be guaranteed.

Student Name	First: _____ Last: _____	Sex: Male Female
Date of Birth	Date: _____ Month: _____ Year: _____	Age: _____
English Proficiency	Native Fluent Average Low Beginner	
Current School	SMIS Year: _____ Other: _____	
Home Address	〒 _____	
Mother's Contact Details	Name in Full: _____	
	<input type="checkbox"/> Mobile: _____	<input type="checkbox"/> Phone: _____ Tick the number we can contact during the day.
Father's Contact Details	Name in Full: _____	
	<input type="checkbox"/> Mobile: _____	<input type="checkbox"/> Phone: _____ Tick the number we can contact during the day.
Additional Contact Details	<input type="checkbox"/> Mobile: _____	Name & Relationship: _____
Regular Email Address <u>Please print clearly</u>	This email must be checked for invoicing, regular summer school updates & newsletters. @ _____	
Emergency Email Address <u>Please print clearly</u>	This email must be checked in case of school closure due to keiho and other emergencies. @ _____	
Name of Sibling(s) attending Summer School	_____	
Costs of Summer School	Please tick the weeks you wish to attend	Total Costs
Four Weeks¥ 110,000 Three Weeks.....¥ 90,000 Two Weeks¥ 70,000 One Week.....¥ 40,000 Plus ¥2,000 insurance for non-SMIS students.	<input type="checkbox"/> Week 1: Monday 26 th – Friday 30 th June <input type="checkbox"/> Week 2: Monday 3 rd – Friday 7 th July <input type="checkbox"/> Week 3: Monday 10 th – Friday 14 th July <input type="checkbox"/> Week 4: Monday 17 th – Friday 21 st July Total of _____ weeks	Please add the costs: _____ yen

Emergency Contact & Medical Information

Name of Student: _____

Medical Information

Does your child have any medical conditions? **Y / N** (Please circle) If yes, please give details below:

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Does your child need to take medicine for these conditions: **Y / N** (Please circle) If yes, please give details below:

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Does your child have any food or medicine allergies: **Y / N** (Please circle) If yes, please give details below:

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Please write below any other information that we should be aware of, including food restrictions;

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Please tick the two boxes below:

Medical release: “I hereby give permission for St. Michael’s International Summer School staff to treat my child for minor abrasions and/or to administer acetaminophen (children's Bufferin etc.) if necessary. I understand that I will be notified of any additional medical aid given.” Please indicate your approval of this statement by signing below.

I wish my child to participate in the St. Michael's International Summer School and agree to the terms and conditions as stated online in the 'SMIS Summer School Handbook.'

Parent's signature: _____ **Date:** _____