

Application Summer School 2019

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 21st June, 2019**. 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>	<u>This email must be checked in case of school closure due to keiho and other emergencies.</u> @	
Name of Sibling(s) attending Summer School	_____	
Costs of Summer School	Please tick the weeks you wish to attend	Total Costs
Four Weeks¥ 120,000 Three Weeks.....¥ 100,000 Two Weeks¥ 75,000 One Week.....¥ 45,000 Plus ¥2,000 insurance for non-SMIS students.	<input type="checkbox"/> Week 1: Monday 1 st – Friday 5 th July <input type="checkbox"/> Week 2: Monday 8 th – Friday 12 th July <input type="checkbox"/> Week 3: Monday 15 th – Friday 19 th July <input type="checkbox"/> Week 4: Monday 22 nd – Friday 26 th July Total of _____ weeks	Please add the costs: _____ yen

Medical & Permission Form (page 2-3)

Please indicate your approval of all statements and give permissions by signing the last page.

Name of Student: _____

Medical Information

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

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

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

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

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."

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.'

Local Excursion Permission

During the course of the summer school, teachers and students will be exploring the area in the vicinity of the School as part of their local studies. Your permission is required for your child to participate.

I give the School the permission to take my child on local excursions near the School as part of their local studies.

I will not permit my child to take local excursions near the School for the reasons stated as follows:

For class outings beyond the local area and generally involving public transport, will be advertised on a separate permission slip will be distributed during the week of the trip.

Name of Student: _____

Upper School Swimming Permission (Aged 6-12)

Part of this year's programme for those having completed their first year of primary school is a series of swimming lessons conducted at Kobe Club.

The programme will be led by two qualified instructors from Linkswork Aqua School and supported by Mr Cammell inside the pool and Nurse Morimoto observing from outside. A maximum of 15 children will be in the pool at any one time.

The lessons will focus on developing water confidence through using snorkels and masks every Tuesday and developing stroke accuracy every Thursday.

The instructors are used to delivering lessons to a wide range of students and therefore any swimming level will be catered for. However, to help with the grouping of the children, please can you complete the following questions as well as giving permission.

Finally, due to the pool being outside, lessons may be cancelled on the day due to adverse weather conditions that occur during rainy season.

Only children aged 6 and above who can swim more than 10m can join this programme at the Kobe Club. For children aged below 6, please sign on Swimming Permission B.

I give permission for my child to attend swimming lessons as detailed above.

Please indicate below your child's current swimming abilities.	Yes	No
He/she has had more than 10 swimming lessons in the last year		
He/she is scared of water.		
He/she can submerge mouth, nose and eyes.		
He/she can submerge entire head for 5 seconds.		
He/she can swim crawl stroke for more than 10m.		
He/she can swim backstroke for more than 10m		
He/she can swim breast stroke.		
He/she can swim butterfly stroke.		

Early Years & Lower School Swimming Permission (Aged 3-5)

Children below 6 years of age will have time for water fun in our pools set up on our the shaded roof. This pool is shallow, with only 1 foot of depth.

I give permission for my child to join the water play on the roof.

Travel Arrangement Form (page 4)

Name of Student: _____

Important Information about Dropping-Off / Picking-up

There is no parking at the school with the coned area in front of the school strictly for dropping-off and picking-up only. *Parking is illegal on Tor Road.*

Each morning from **08:45-09:00**, a member of staff will be at the main gate to supervise children as they exit their cars. In the afternoon from **15:00-15:10**, two members of staff will wait with those children being picked up by car (as indicated below) and assist them into any waiting vehicles.

This should ensure a quick drop-off / pick-up. However, if you would like to park, particularly on the first day if your child is new to school, please use the paid parking next door (at Kitano Meister Garden) or 150m north of school.

Please note that children in Early Years or Lower School (generally 6 or under) classes must be accompanied to and from school by an adult.

(Please check the appropriate boxes).

I will inform the School Office by 14:00 if arrangements other than those provided below change.

My child will be picked up at the end of the school day (mandatory for EY and Lower School and by choice for Middle and Upper School child)

Pick Up Location: **School grounds** **By car in front of the school**

Pick Up Person 1 Name: _____ Relationship: _____

Pick Up Person 2 Name: _____ Relationship: _____

My child will travel home alone at the end of the school day (Option for Middle and Upper School)

Means of Travel: **Walking** **Train** **Local Bus**

* Parents are responsible for the safety of the children. Children must wear helmets for safety.

By signing below, I confirm that all information provided is accurate and I accept the terms and conditions.

Parent's Name in BLOCK LETTERS: _____
Last Name First Name

Parent's Signature: _____ Date: _____