



# R/Lingo Learning Center

Language School Division

## Student Application Form (受講申込み書)

### Student Profile

Student Name:

\_\_\_\_\_  
*Last* *First* *漢字(姓)* *(名)*

School Name:

\_\_\_\_\_  
*Grade*

Address:

\_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Parent Name:

\_\_\_\_\_  
*Last* *First* *漢字(姓)* *(名)*

Place of Work:

\_\_\_\_\_  
*Name* *Department*

### Class Applied for

#### Courses

\*Please write the name of the course and make a check payable to *Japanese Children's Society*

Name of the course	The first month fee

Registration Fee \$50.00

Total : \_\_\_\_\_

I agree to follow the school's educational and operational policy. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the school to give minimum first-aid treatment and/or take him/her to the hospital selected by the school. In this case, I agree to use the student's or his/her parent/guardian's insurance first and then Japanese Children's Society's insurance will cover the remaining balance.

受講するにあたりセンターの教育方針ならびに運営方針に従うことに同意いたします。なお、緊急事態の場合、本人かかりつけの医師と連絡がとれない場合、当センターで最低限の応急処置をとること、あるいは、学校が定めた病院に行くことを認めます。その場合、本人あるいは保護者の保険の適用を最初に行い、残額を NY 育英学園の保険で負担することに同意します。

Parent Sign: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Office Use Only

ID number	Date	Note