

※Applicant Number:

Interview Information Form

Date of Completion(*MM/DD/YY*): _____

Applicant	<i>Furigana</i> (Pronun- ciation of Name):				Choice of Course:
					1 st Choice: A B
	Name of Applicant:				2 nd Choice: A B None
	Date of Birth/Gender	Date:	Month:	Year:	(M • F)
Family Members	Relationship:	Name:	Age:	Occupation/Organization	

Please describe your child’s personality and general demeanor from a guardian’s perspective.

Please explain the reason for applying to our school.

Please describe your child's health status.

- 1.Good
- 2.Disability or Past Medical History 【 】
- 3.Currently Undergoing Treatment for an Illness 【 】

—If you selected 2 or 3, please provide details regarding specific symptoms, timing, the course of the condition, or any health management precautions required after enrollment.

2.Disability or Past Medical History 【

—If you selected 2 or 3, please provide details regarding specific symptoms, timing, the course of the condition, or any health management precautions required after enrollment.

1. From : (Month).....Year:..... Country:.....
To: (Month).....Year:.....
School Name:
2. From (Month).....Year:..... Country:.....
To: (Month).....Year:.....
School Name:
3. From (Month).....Year:..... Country:.....
To: (Month).....Year:.....
School Name:

To: (Month).....Year.....

2. From (Month).....Year:..... Country:.....

To: (Month).....Year:.....

School Name:

3. From (Month).....Year:..... Country:.....

To: (Month).....Year:.....

School Name:

Gyosei International Primary School