

To: The Steering Committee of Newport News Japanese School

## SCHOOL TOUR REQUEST (INTERNATIONAL COURSE)

Preferable Date (If applicable)	
School Tour	/       /
Enrollment	/       /

Student				
Name	Last Name		First Name	
Birthday	/       /	Sex	Male	Female

Parents / Guardians				
Parent/Guardian 1	Last Name		First Name	Relationship
				Father Mother Other (       )
Parent/Guardian 2	Last Name		First Name	Relationship
				Father Mother Other (       )
Contact	Phone #			
	E-mail			
Learning history of Japanese				

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

To: The Steering Committee of Newport News Japanese School

## ENROLLMENT-IN-SCHOOL APPLICATION (INTERNATIONAL COURSE)

The undersigned gives permission for the child to attend and participate in all the Newport News Japanese School (NNJS) activities. Further the undersigned hereby consents to the following agreement:

1. I/We understand all the document and rules provided by NNJS and comply with them.
2. I/We agree to indemnify NNJS and its staff from any damages and injuries which my child suffers or causes while my child causes while participating in all the activities of NNJS.
3. I/We agree that my/our phone number, home address, cell phone number, and email address are shared within NNJS's address book.
4. I/We give permission for any photographs that are taken by NNJS during school activity to be used in NNJS publications and publicity in all media.
5. I will inform to NNJS following information as soon as possible when the information will change.
6. The parents/guardians who have students enrolled at any level of the International Course may join the Parents Association called "Fubokai" on condition that the Fubokai member has obligation of a volunteer that rotate among all members. The Fubokai elects school officials and discuss school matters. **However, the Fubokai is practically organized only in Japanese without supports in other languages.** Also please note that parents / guardians may ask questions or give opinions to school officials through their children's homeroom teachers. Under condition of agreement with above, parents/guardians who want to join the Fubokai may check a Fubokai section. Prerequisite is that join need to be consistent, but it is confirmed school year basis because of organization reason.

Course	
Circle a course to which you have been recommended or assigned by your current teacher or the Steering Committee of NNJS.	Class: 1 / 2 / 3

Student			
Name	Last Name		First Name
Birthday	/	/	Sex      Male      Female
Food Allergy	Any food allergies?	Yes/No	* If "Yes", steering committee member will contact with the parent.

Parents/Guardians				
Parent/Guardian 1	Last Name		First Name	Relationship
				Father Mother Other (            )
Parent/Guardian 2	Last Name		First Name	Relationship
				Father Mother Other (            )
Home	Address			
	Phone #			
* This cell phone numbers are used for emergency call to parents or guardian when your child has a sick during school hours.				
Emergency Call	Cell 1	Father	Mother	Other (            )
	Cell 2	Father	Mother	Other (            )
E-mail Address				
Place of Work	Company			
	Address			
	Phone #			

I want to join the Fubokai and I understand that it requires various volunteer works throughout the school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Newport News Japanese School Tuition Receipt

Received from

Mr./Ms. \_\_\_\_\_

NNJS received following amount as a tuition

\$

Received by

Newport News Japanese School  
Treasurer

\_\_\_\_\_

\_\_\_\_\_

Date

To: The Steering Committee of Newport News Japanese School

**ENROLLMENT-IN-SCHOOL APPLICATION (INTERNATIONAL COURSE) / 2ND HALF OF SCHOOL YEAR**

The undersigned gives permission for the child to attend and participate in all the Newport News Japanese School (NNJS) activities. Further the undersigned hereby consents to the following agreement:

1. I/We understand all the document and rules provided by NNJS and comply with them.
2. I/We agree to indemnify NNJS and its staff from any damages and injuries which my child suffers or causes while my child causes while participating in all the activities of NNJS.
3. I/We agree that my/our phone number, home address, cell phone number, and email address are shared within NNJS's address book.
4. I/We give permission for any photographs that are taken by NNJS during school activity to be used in NNJS publications and publicity in all media.
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Student			
Name	Last Name		First Name
Birthday	/	/	Sex      Male      Female
Food Allergy	Any food allergies?	Yes/No	* If "Yes", steering committee member will contact with the parent.

Parents/Guardians (Only the information that has been changed to be filled)				
Parent/Guardian 1	Last Name		First Name	
Parent/Guardian 2	Last Name		First Name	
Home	Address			
	Phone #			
* This cell phone numbers are used for emergency call to parents or guardian when your child has a sick during school hours.				
Emergency Call	Cell 1	Father	Mother	Other (    )
	Cell 2	Father	Mother	Other (    )
E-mail Address				
Place of Work	Company			
	Address			
	Phone #			

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Signature of Parent/Guardian

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Date

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\_\_\_\_\_  
Date