



Kokoro International Academy

KOKORO
international academy

APPLICATION FORM

Date:

Desired Entry Date:

Registering for:

Sora class (3 - 4 years)

Sakura class (4 - 5 years)

Usagi class (5 - 6 years)

Kokoro Club (Grades 1 - 5)

Parent Toddler (10 months - 24 months)

☐☐☐☐☐

Recent
Photo

STUDENT INFORMATION

Family Name					
Given Name					
Middle Name				Age	
Date of Birth (Month/Date/Year)	/	/	Sex	F / M	Nationality
Address					
Contact Number(s)					

Check Appropriate Blanks:

Living with Both Parents ☐ Stepmother ☐ Stepfather ☐

Living with Mother ☐ Father ☐

Parents Divorced ☐ Mother Deceased ☐ Father Deceased ☐

EDUCATION INFORMATION

School history: Indicate the previous school(s) attended, beginning with the most recent.			
Name of School	Location	Date & Grade Enrolled	Date & Grade Left

FAMILY INFORMATION

FATHER			
Family Name			
Given Name			
Middle Name			
Citizenship			
Fluent Language(s)			
Residential Address			
Name of Company / Organization			
Address			
Contact Numbers	Home :	Fax :	Office :
	E-mail :	Mobile :	

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MOTHER			
Family Name			
Given Name			
Middle Name			
Citizenship			
Fluent Language(s)			
Residential Address			
Name of Company / Organization			
Address			
Contact Numbers	Home :	Fax :	Office :
	E-mail :	Mobile :	

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SIBLINGS			
Name		School & Grade	
Name		School & Grade	
Name		School & Grade	

EMERGENCY CONTACT NUMBER (S)/PERSON (S)

Name & Relations		Home/ Office/ Mobile	
Name & Relations		Home/ Office/ Mobile	
Name & Relations		Home/ Office/ Mobile	

The application cannot be processed until the school has received all of the following:

- Complete health records (physical, health record card, and verification of immunization record)
- One passport size photo for student and parents applying to Kokoro International Academy (please write students name and age on the back of the picture)
- Registration fee (for new students)

I hereby guarantee the following upon enrollment at Kokoro International Academy :

- The payment of school fees and other expenses.
- I acknowledge that there is no refund or discount for any reason. I voluntarily waive any claims against the school, its administrators and teachers.
- I understand that graduating from Kokoro International Academy will only occur if my child completes at least one term of the Kindergarten program.
- If my child leaves before then, he/she will be transferring from the school without a diploma.
- I recognize the right of the school to exclude, at any time, a student whose behavior is determined to be unsafe for the school environment.
- In the event that the parents or other persons named on the Health Form cannot be contacted, the school officials of Kokoro International Academy are hereby authorized to take whatever action is deemed necessary to assure the health and well being of the aforementioned child.

I certify that the information I have provided is, to the best of my knowledge, accurate and complete.

Parent's / Guardian's Signature: _____
/ /

I authorize the school to use my child's picture on the school homepage, brochure and all school-related advertising material.

- ☐ Yes
☐ No

Parent's / Guardian's Signature: _____
/ /

Kokoro International Academy Health Record

DATE : _____

NAME : _____
Last First Middle

ADDRESS : _____

Phone : _____ Birth : _____
Month Day Year

FATHERS NAME : _____ Phone/Mobile : _____

MOTHERS NAME : _____ Phone/Mobile : _____

To Be Called in Emergency: If parents cannot be reached

NAME : _____ Phone/Mobile : _____

NAME : _____ Phone/Mobile : _____

Known health problems : _____

Please use the back of this form if needed.

Taking medication? Explain : _____

Family Doctor : _____ Phone : _____

IMMUNIZATION RECORD (Please write year and comment below)

IMMUNIZATIONS	BASIC BOOSTERS				COMMUNICABLE DISEASES	
	Year	Year	Year	Year	CHICKENPOX	
DIPHTHERIS					MEASLES	
TETAUS					GERMAN MEASLES	
PERTUSSIS					MUMPS	
POLIO					PERTUSSIS	
MUMPS					TUBERCULOSIS	
MEASLES					Contact with TB	
GERMAN MEASLES					Other	
BCG						
HEALTH HISTORY	Year	SIGNIFICANT COMMENTS				
ASTHMA						
OTHER ALLERGIES						
DIABETES						
EPILEPSY						
SURGERY						
SERIOUS INJURIES						
T B TEST						

To the best of my knowledge, all information on this form is factual.

Parent's Signature : _____