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| isi2 | **2025 Application For Admission** |
| **ISI Japanese Language School Education Center**  *8-15-1 Nishi-Shinjuku, Shinjuku-ku, Tokyo 160-0023　Japan*  *TEL : +81-3-5962-0405 　FAX : +81-3-5937-0477 E-mail:info@isi-global.com URL: www.isi-education.com* |

Note: All sections on this form must be completed. Please type/print clearly and check 🗹 boxes where appropriate.

**I would like to apply for the Short-Term Japanese Language Course.**

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| **APPLICANT’S INFORMATION**  Photograph  \*Please send your portrait photo in digital format. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name:  As shown on your passport**:** | | |  | | | | | | First (Middle) Name:  As shown on your passport**:** | | | | | | |  | | | | | | |  | | | |
| Full Address: | | |  | | | | | | | | | | | | | Postal code: | | | | | | |
| Tel: | | | | | | |
| E-mail: | | |  | | | Date of Birth: | | | | | | YYYY/ MM/ DD/ | | | | | | | | | | |  | | | |
| Sex: | | | Male  Female | | | Nationality: | | | | | |  | | | | | | | | | | |
| Passport No.: | | |  | | | Valid Until: | | | | | | YYYY/ MM/ DD/ | | | | | | | | | | |
| Occupation: | | |  | | | Company or School Name: | | | | | | | | |  | | | | | | | | | | | |
| Visa Status: | | | Temporary Visitor　　 Working Holiday　　 Working　　 Dependent　　 Other（　　　　　　　　 　） | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact: | | | Name: | | | | Tel: | | | | | | | Relationship: | | | | | | | Country: | | | | | |
| **JAPANESE ABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you studied Japanese before? | | | | Yes　 🡪　 (How long? 　 Year 　　 Months) | | | | | | | | | | | | | | | | | | No | | | | |
| Have you passed the JLPT? | | | | Yes,　 (JLPT　N )　　　　　　　　  No | | | | | | | | | | | | | | | | | | | | | | |
| **SCHOOL & COURSE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School:  (Course) | Tokyo-Shinjuku（General Japanese）　 Tokyo-Ikebukuro（General Japanese）　 Tokyo-Shibuya（General Japanese）\*1  Tokyo-Takadanobaba（General Japanese）\*1 　 Osaka（General Japanese）　  Kyoto（General Japanese）  Nagano（General Japanese） | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tokyo-Shibuya (Career Japanese) with \*2 Support Program for Working Holiday Visa (WH) holder （　YES）  Tokyo-Takadanobaba (Career Japanese) with \*2 Support Program for Working Holiday Visa (WH) holder　（　YES） | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tokyo-Shibuya (Evening Course) with \*3 Support Program for WH holder　（☐　YES） | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course Starting Date： | | YYYY/ MM/ DD/ | | | | | | Finishing Date | | | | | YYYY/ MM/ DD/ | | | | | | | Course Length: | | | | |  | weeks |
| Classroom style: | | Face to face　　 　 Online（Evening Course Only） | | | | | | | | | | | | | | | | | | | | | | | | |
| \*1 The short-term General Japanese course at Shibuya and Takadanobaba Campuses for beginners only. The minimum course length for short-term courses is 4 weeks for the Career Japanese course and 2 weeks for the General Japanese course.  The information below only applies to students who come to Japan on the working holiday visa or mid- to long-term residents that study for 20 weeks or more:  \*2 Career Japanese students are entitled to free job placement support from a career advisor.  \*3 Evening Course students are entitled to part time job placement support and can attend company information sessions.  **ACCOMMODATION & AIRPORT PICK-UP** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you need accommodation arrangement? | | | | | Yes | | | | | | | | | | | |  | | No | | | | | | | |
| ---If YES, where do you want to stay? | | | | | Weekly apartment  (single twin / Either smoking or non-smoking Smoking Non-smoking) | | | | | | | | | | | | | | | | | | | | | |
| Student House (single twin triple quadruple \*triple, quadruple only available at Nagano) | | | | | | | | | | | | | | | | | | | | | |
| Guest House ( single  twin) | | | | | | | | | | | |  | Homestay | | | | | | | | |
| --- If NO, where are you staying? | | | | | Hotel　　　　　　 Friend’s house　　　　　　 Other (　　　　　　　　　　　　 　　　) | | | | | | | | | | | | | | | | | | | | | |
| ---If YES, Move-in (Check-in) date**:** YYYY/ MM/ DD/ | | | | | | | | | | | Move-out (Check-out) date**:**  YYYY/ MM/ DD/ | | | | | | | | | | | | | | | |
| Arrival Airport: | | | Narita (NRT) 　　　　　　　 　Haneda (HND)　　　　　　  　Kansai Int’l (KIX) | | | | | | | | | | | | | | | | | | | | | | | |
| Flight number (if already booked)**:** | | | | | | Arrival**:** Date**:**  YYYY/ MM/ DD/ Time: \_\_:\_\_ | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Destination** | **Pick up method** | **One-way fee** | |  | (Tokyo) Student House | Shared car | JPY 41,000~  \*On the designated move in date and time : JPY 23,000~ | |  | (Tokyo/Osaka) Weekly apartment/Guest house | Taxi | JPY 41,000~ | |  | (Tokyo/Osaka/Kyoto) Homestay | Car | JPY 41,000~ | |  | (Kyoto) Student House | Car | JPY 40,000~ | |  | (Nagano) School / Student House | Car / Shared taxi | JPY 33,000~ |   Do you need airport pick-up?  No  YesOne-way **(pick one→)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ENTRY TO JAPAN** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been denied entry into Japan? | | | | | | | |  | | Yes 🡪 (Reason: | | | | | | | | | | | | | |  | | No |

**I declare that the above is true and correct and that I have understood the school’s refund and cancellation policy.**

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| **Applicant’s signature:** |  |  | **Date:** | **YYYY/ MM/ DD/** |

\* Please also fill in the next page "Declaration on Health Status".

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| isi2 | **Declaration on Health Status** |
| **ISI Japanese Language School Education Center**  *12F Sumitomo Fudosan Shinjuku Grand Tower, 8-17-1 Nishi-Shinjuku, Shinjuku-ku, Tokyo 160-6112　Japan*  *TEL : +81-3-5962-0405 　FAX : +81-3-5937-0477 E-mail:info@isi-global.com URL: www.isi-education.com* |

Please use this declaration form to provide information regarding your current health status.

To lead healthy lives for all students, it is important for faculty members to be aware of your health condition. Please fill in the following sections in detail.

Please acknowledge that we do not provide medical practice or dispense medication at school. This declaration will be kept confidential.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. How is your current health condition?   Please select from the following options. | | | Very good  Normal  Not good　 　　 Bad | | |
| 1. Are you currently undergoing treatment for any health issues? | | | No  Yes | From YYYY/ MM/  Name of disease（　　　　　　　　　　　　　　　 　 　） | |
| 1. Are you currently taking any medications?  \*Includes over-the-counter medications | | | No  Yes | Time of prescription　　　YYYY/ MM/  Medicine：　Tranquilizer　　Sleeping tablets  Antiepileptic drugs 　　　 Asthma medications  Others:（　　 　　 　 　） | |
| 1. Have you had any surgeries or been hospitalized in the past five years? | | | No  Yes | Time in hospital　　 　YYYY/ MM/  Reason（　　　　　　　　　　　　　　　　　　　　　　　　 　　） | |
| 1. Do you have a past history of diseases or any chronic diseases?   If so, please select from the following options, and fill out the checked sections in detail. | | | | | |
| 1. Tuberculosis infection | No  Yes | Onset  　YYYY/ MM/ | | Current status  　Recovered　　　　　　Taking medicine | |
| 1. Mental disorder | No  Yes | Onset  　YYYY/ MM/ | | Depression  Anxiety  Panic disorder  Insomnia  Attention deficit hyperactivity disorder（ADHD)  Other ( ) | |
| 1. Allergies   including asthma | No  Yes | Onset  　YYYY/ MM/ | | Food Medicine  Chemical products  Other（　　　　　　　　　　 　　　　 　　　　　　 ） | |
| 1. Malaria, or other　infectious diseases | No  Yes | Onset  　YYYY/ MM/ | | Name： | |
| 1. Diabetes | No  Yes | Onset  　YYYY/ MM/ | | Current situation  　Taking medication　　　 Insulin self-injection. | |
| 1. Epileptic or convulsive seizures | No  Yes | Onset  　YYYY/ MM/ | |  | |
| 1. Other | No  Yes | Onset  　YYYY/ MM/ | | Current Status  Recovered  Taking medicine | |
| 1. Do you have any vaccination history? | | BCG  M.M.R.  Polio  Measles  Rubella  Diphtheria  Tetanus  Meningitis　  Other（　　　 　　　　　　 ） | | | |
| 1. Special needs for dietary treatment or diet restriction | | No  Yes | | | From　 　YYYY/ MM/  Details （　　　　　　　　　　　　　　 　　　 ）  Reason（　　　　　　　　　　　　　　 　　 ） |
| 1. Please, write any other information regarding your health condition that the school should know in advance. | | | | | |

**I declare that the above is true and correct and that I have understood the school’s refund and cancellation policy.**

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| --- | --- | --- | --- | --- |
| **Applicant’s signature:** |  |  | **Date:** | **YYYY/ MM/ DD/** |