

Application for Seiritsu Gakuen High School International Department

Please write clearly in English with a **BLACK PEN**.

Student Information

Male Female

Name _____
(as it appears on passport) Family Name(s) First Name Middle Name

Address _____

Telephone (_____) _____ Mobile Phone (_____) _____
(Please include your country code in the brackets)

Student's e-mail _____
(Please write clearly)

Parents's e-mail _____
(Please write clearly)

Date of Birth _____ City of Birth _____ Country of Birth _____
(Please write month / day / year. Please spell the name of the month)

Citizenship/Legal permanent resident of _____ American Citizenship? Yes No

Family Information

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Mobile Phone _____ Mobile Phone _____

Parents marital status Married Living Together Divorced Separated Single Widow

Student lives with Parents Mother Father Legal guardian Other (explain) _____

Legal guardian name _____ Business telephone (_____) _____

Emergency contact (other than parents) name and telephone _____

Please list name(s), gender, and year of birth of any siblings _____

Travel and Community Information

Have you ever Been to Japan? Yes No Lived abroad? Yes No Studied abroad? Yes No

What grade/level of school will you have completed by the time you enroll at Seiritsu? _____

Is your home community... A city Suburban Area Small town or village Rural

Population _____ Nearest Major City _____ Distance from this city _____

Please attach a
4.5cm by
3.5cm picture
of the
applicant

Personal Information

Your height (in centimeters) _____ Your Weight (in Kg) _____

Have you ever had, an illness, disability, or injury that required hospitalization? Yes No

If yes, explain _____

Please note any health condition, mental disability, or allergy in your medical history _____

Do you currently take any medications? Yes No Please explain _____

Have you ever had a mental disorder (e.g. depression) or undergone therapy? Yes No If yes, when? _____

Please explain: _____

Have you ever had an eating disorder such as anorexia or bulimia? Yes No If yes, when? _____

Please explain: _____

What are your plans for accommodation while residing in Japan? _____

Activities and interests

Tell us about the activities that interest you the **Most** and how often you participate in them. Select from the following.

(1) I would like to *learn/try* this activity.

(2) I would like to *continue* this activity.

(3) This is a *favorite* activity.

Indoor Activity	Frequency	1	2	3	Sports Activities	Frequency	1	2	3
Arts/Crafts	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aerobics	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinema/Movies	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American football	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Track & Field	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baseball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama/Theater	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basketball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing/Painting	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cycling	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field hockey	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing/ Journalism	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Golf	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horseback riding	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical Activities					Ice-hockey	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music band	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Martial arts	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orchestra	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snowboarding	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choir/Singing	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soccer	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guitar	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Softball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piano	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tennis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature Activities					Volleyball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrestling	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Service				
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working with children	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Volunteering	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal profile

Please mention any other hobbies that you enjoy _____

What are your favorite animals or pets? _____

For how long do you use the internet each day and for what purpose(s)? _____

Why do you want to study abroad? _____

Why do you think you are a good candidate for an international program? _____

What are your favorite activities and why? _____

Describe something you have done that you are proud of or something special about yourself _____

What do you want to do after you finish your education? How do you think studying abroad will help you in the future?

How many hours per day do you spend doing homework? _____

What are your favorite subjects at school? _____

Have you ever held a part-time or summer job? If yes, please explain _____

Check off the adjectives which best describe you:

- | | | | | |
|--------------------------------------|--|--------------------------------------|--|--|
| <input type="checkbox"/> Curious | <input type="checkbox"/> Neat | <input type="checkbox"/> Organized | <input type="checkbox"/> Talkative | <input type="checkbox"/> Family-orientated |
| <input type="checkbox"/> Messy | <input type="checkbox"/> Athletic | <input type="checkbox"/> Artistic | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Straightforward |
| <input type="checkbox"/> Open-minded | <input type="checkbox"/> Nature-Loving | <input type="checkbox"/> Quiet | <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Outdoorsy | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Competitive | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Active | <input type="checkbox"/> Independent | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Other _____ |

Check off the adjectives which best describe your family's lifestyle:

- | | | | | |
|---------------------------------------|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Strict | <input type="checkbox"/> Casual | <input type="checkbox"/> Social | <input type="checkbox"/> International | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Home-orientated | <input type="checkbox"/> Independent | <input type="checkbox"/> Academic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Active | <input type="checkbox"/> Modern | <input type="checkbox"/> Religious | <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Traditional | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Other _____ |

