

Elementary Application



Name of student

Birthday _____ Program: Japanese Mandarin

Names of parents

Home address

Phone

Contact email

Please circle

Japanese/Mandarin fluency: below age level, at age level, above

English fluency: below age level, at age level, above

Time: (8 - 3:45) (8 - 6) Is your family permanently staying in the USA? yes no

What are your educational goals for your child? _____

I understand that my child may be accepted, wait-listed, or not accepted.

Please include a \$150, non-refundable application fee.

Springbridge International School admits students without regard to race, religion, color or sexual orientation.

Guardian's signature _____ Date _____

Guardian's signature _____ Date _____

Preschool & Kindergarten
Grades 1-7
office (408) 370-7600

1625 W. Campbell Ave, Campbell, CA 95008
1980 Hamilton Avenue, San Jose CA 95125
www.springbridgeinternationalschool.com