

Preschool 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 - 12) (8 - 3) (8 - 6)	Days: (T, TH)	(M, W, F)	(M, T, W, Th, F)

What are your educational goals for your child? _____

When is your anticipated start date? _____

Will you enroll your child in the Springbridge kindergarten - grade 8 program? yes no

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 _____

Preschool & Kindergarten
Grades 1-8
office (408) 370-7600

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

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