Elementary Application

_____
Name of student

Birthday _____ Program (circle) : Japanese Mandarin Traditional

_____
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 _____