

Jamerica Application Form

Date (MM/DD/YY) / /

Name	(M • F)	
Address	Postal Code —	
Date of Birth (MM/DD/YY)	/ /	(years old) In _____ grade
Telephone Number	(Home)	(Cellphone)
Name of Elementary School		
Class at Stars&Stripes	Class: _____ or Currently not a student	
Subject the student wishes to study		
Program	Please circle one of the following: <input type="checkbox"/> Home e-school <input type="checkbox"/> Stars e-school <input type="checkbox"/> Both Stars e-school 、 Home e-school	
Time and Day the student will come to Jamerica	_____ day : ~ (One hour) _____ day : ~ (One hour)	
Starting Date	(MM/DD/YY) / /	
School Bus	Yes • No	

©Please write about the study habits of your child or any other comments you have below.

FAX→042-335-1169 (Please call the school after sending the fax to confirm TEL042-335-1170)

For the office

Y		Letter		クラス表		更新表	
R		生徒情報		増減		テキスト	