

- Sakura International School -

Application Form

Date: _____



Child's Information

Last name : _____

Middle name : _____

First name : _____

Nickname : _____

Date of Birth : _____

Home Street Address : _____

Zip Code : _____



Child's Medical Insurance Coverage

Insurance Company's Name : _____

Member/Policy Number : _____

Policy Holder's Name : _____

Employer's Name : _____



Child's Parent/Guardian's Information

Name : _____

Home Tel : _____

Work Tel : _____

Home Street Address : _____

Zip Code : _____

Work Address (or Where you can be reached while child is in care) : _____

Zip Code : _____

E-mail : _____