



**Toronto
Japanese
Language
School**

**Registration Form
CHILD / STUDENT**

Please make all checks payable to:
Toronto Japanese Language School

Please **print clearly**
and **answer all questions.**

For Administrative Use Only		
<input type="checkbox"/> New	<input type="checkbox"/> Child	Level _____
<input type="checkbox"/> Returning	<input type="checkbox"/> Student	
<input type="checkbox"/> Family		
Adult: _____		
Siblings: _____		
Deposit: _____	Receipt#: _____	<input type="checkbox"/> Cash
\$ _____	Date: _____	<input type="checkbox"/> Cheque
Balance: \$ _____	Receipt#: _____	<input type="checkbox"/> Cash
Total Early Tution		<input type="checkbox"/> Cheque
= \$ _____	Date: _____	
Tuition: _____	Receipt#: _____	<input type="checkbox"/> Cash
\$ _____	Date: _____	<input type="checkbox"/> Cheque
Notes: _____		

<input type="checkbox"/> Boy	Given Name	Initial	Family Name
<input type="checkbox"/> Girl			
Grade in Regular School		Date of Birth (Month / Day / Year)	
Name of Parent / Guardian			
Address		Apt No.	
City		Postal Code	
Home Phone Number	Business Phone Number	e-mail	

For Returning Child / Student

What year were you last enrolled at TJLS?	<input type="checkbox"/> Last year	<input type="checkbox"/> Year before	<input type="checkbox"/> Other _____
What was his / her last level?	Japanese as a	<input type="checkbox"/> Heritage Language /	<input type="checkbox"/> Foreign Language
		<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
Who was his / her Sensei (Teacher)? _____			

I give permission for photographs taken during the school year of myself (or my son/daughter) to be used for TJLS promotional purposes. : Yes / No

Guardian's name (printed): _____

(**yyyy / mm / dd**)

Guardian's signature: _____

Date: _____ / _____ / _____

Please tell us about your child's Japanese language ability.

Name:

Grade as of September, 2018:

(1) How often is your child exposed to Japanese?

- A) Everyday
 - B) Sometimes
 - C) None
- Please go to (2)
→ Please go to (4)

(2) Where does your child use Japanese?

- A) Home → with whom does he/she speak? ()
- B) School → Name of school ()
- C) Others → ()

(3) Is your child able to communicate in Japanese?

- A) Yes, understands and speaks Japanese.
- B) Yes, understands what people say in Japanese, but answers in English.
- C) No

(4) How much Hiragana does your child know?

- A) He/she can read hiragana.
- B) He/she can read and write hiragana.
- C) He/she has been learning hiragana. Please circle (Read / Write)
- D) He/she cannot use Hiragana.

(5) Has your child studied Japanese at any other Japanese school?

- A) Yes Name of school ()
How long? ()
- B) No

お子さんの日本語能力について、お聞かせください。

名前：

9月時点での学年：

① お子さんは、どの頻度で日本語に触れていますか。

- ア 毎日
イ 時々 } ②へ

ウ なし → ④へ

② お子さんは、どこで日本語を使いますか。

- ア 自宅 → 誰と話しますか。())
イ 学校 → 学校名 ())
ウ その他 ())

③ 会話力についてお聞かせ下さい。

- ア 日本語で会話出来る。
イ 相手の話していることは理解出来るが、返事は英語になる。
ウ どちらも出来ない。

④ ひらがな

- ア ひらがながよめる。
イ 読み書きが出来る。
ウ 現在、練習中。(読み・書き)
エ どちらも出来ない。

⑤ これまでに日本語学校に通学していましたか。

- ア はい 学校名()、期間()
イ いいえ