

Sabae International Association (SIA)
Application Form for Japanese Language Course

Application Date		Date	Month	Year
Name in English (First / Family)		Nationality		
Date of Birth		Date	Month	Year
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of arrival in Japan	
		Date	Month	Year
Address in Japan:		Tel :		
		(Available time for call _____)		
		Email :		
Place of Employment:		Tel :		
What day of the week do you want lessons?				
What time you want study? <input type="checkbox"/> AM <input type="checkbox"/> PM Time				
1. Have you studied Japanese?				
<input type="checkbox"/> Yes How long ? Year Month <input type="checkbox"/> No				
2. Where did you study Japanese?				
<input type="checkbox"/> In your Country <input type="checkbox"/> In Japan <input type="checkbox"/> at Japanese Language School Others (_____)				
3. Your Level of Japanese-Language Proficiency Test				
I have passed Grade:(N5 · N4 · N3 · N2 · N1)				日本語能力試験 JLPT Japanese Language Proficiency Test
4. What do you want to study in this Course?				

【Rules for Japanese Lesson】

Please make a check in the boxes after you read and understood followings;

I will pay a registration fee of 1,000 yen for the Japanese language class.

Tuition is paid at the first class of the month. (Tuition fee is ¥ 500 / one time)

I will pay one month tuition to the teacher at the beginning of every month.

I am not late for a class. When I am late, I will inform a teacher.

In case I cannot come to lesson, I will inform to my teacher in advance.

I will contact you by the night before the class.

(if you take three times breaks without contact, your teacher will change)

I follow the rules of the Japanese class.

Signature _____

【協会記入欄】				申込受付者:			
日本語能力		ひらがな		カタカナ		漢字	
書く		はい すこし いいえ		はい すこし いいえ		はい すこし いいえ	
読む		はい すこし いいえ		はい すこし いいえ		はい すこし いいえ	
話す		あいさつができる		日常会話ができる		電話をかけることができる	
<input type="checkbox"/> 個人	授業曜日	曜日	授業時間	<input type="checkbox"/> 午前	<input type="checkbox"/> 午後	時	分
<input type="checkbox"/> グループ	担当日本語ボランティア:			授業開始日:		年	月 日
その他(申込受付者コメント)							